

M.D., P.C.

Main Street
↓, CT 06

Phone: 203-
Fax: 203-

RECEIVED

JUN 7 - 2010

May 18,

Re:
DOB: 2-4-

To Whom It May Concern:

Mr. has had extreme stress because of his wife's illness over a long period. He finds that when he gets anxious smoking cigarettes is very relaxing to him. He understands that smoking is not the best thing for his heart but it much more important to him to be able to relax and stop thinking about events in the past.

I recommend that he be allowed to smoke in his apartment and, of course, in other areas where smoking is allowed.

Sincerely,

M.D., P.C.

/amc

6-7-10

Gave Reasonable Accom.
Application.

M.D., P.C.
Main Street
, CT 06

RE: Resident's Reasonable Accommodation Request

Dear Dr.:

The Milford Redevelopment & Housing Partnership (MRHP) has received a letter from your office in support of a Request for a Reasonable Accommodation concerning one of our residents XXXX XXXXXXXXXXXX.

Mr. XXXXXXXXXXXX has asked for an exception to our agency's no smoking policy on the basis of a disability. We have attached a copy in his own words of his request that was received by MRHP on June 22, 20XX and a letter signed by you supporting his request dated June 9, 20XX.

As you may know, a request for a reasonable accommodation is made under federal and state statute. As we are a governmental agency running a federal public housing program, we are covered by both Title II of the Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended.

Both these laws, related regulations and guidance issued by the U.S. Department of Justice (DOJ) give us the ability to seek verification that the standards for both asking for an accommodation (right to ask) and the specifics of the accommodation (necessity for the specific accommodation) are met.

Mr. XXXXXXXXXXXX has claimed that he has a medical condition that rises to the status of a disability and the accommodation he requires is to be allowed to consume tobacco in the form of cigarettes in his unit. This is not permitted under our current policy. The implication of his request is that without this accommodation that he will not be able to participate in the programs that we provide, which in our case are affordable housing units.

We have attached a verification form that we need to complete and return at your soonest convenience. We have also attached a form for you to verify that Mr. XXXXXXXXXXXX in fact does have a medical condition that rises to the level of a disability under one or more of the definitions in the statutes.

Please indicate on the Reasonable Accommodation Verification Form whether you believe that the requested accommodation is necessary and will achieve its stated purpose. You should also add any additional information that would be helpful in making the most appropriate accommodation for this individual. This form **does not require** that you discuss the person's **diagnosis** or any other information related to their disability that is not directly relevant to verifying that the accommodation is needed and would be effective.

Given the unusual nature of the accommodation, we are specifically interested in the two questions. We assume that since you have already provided a letter supporting his request that: a) he has disability and b) that there is a direct medical benefit to allowing him to smoke or consume tobacco for this disability. We still need you to complete the Verification of Disability Form which is attached for our files.

Our current lack of understanding can be addressed by specific answers to the following questions:

- 1) Is prescription of cigarettes a standard medical practice supported by the AMA and the FDA for individuals with Mr. XXXXXXXXXX's medical condition?
- 2) Is there an equally effective delivery system for the "drugs" in tobacco other than the open air burning of tobacco?

In all cases, we try to implement the requested accommodation, but physical unfeasibility, administrative and financial burden or requests that would require a change in the fundamental nature of the program may cause the rejection of a request. Your assistance in identifying equally effective alternatives would be appreciated.

If you have any questions or require special assistance concerning this notice, you can reach us at 203 877-1779 (voice) or through the ATT Relay Service using 711.

Sincerely

Anthony Vasiliou
Executive Director

CC: Mr. XXXXXXXXXX

Attachments

July XX, 20XX

Dr. _____, MD., P.C.
Main Street
Anywhere, CT 06614

Re: John Doe's Reasonable Accommodation Request

Dear Dr. :

The Milford Redevelopment & Housing Partnership (MRHP) has received the verification packet from your office regarding the matter referenced above,

Our review of the materials indicates that they are incomplete or non-responsive. In specific, both the Verification of Reasonable Accommodation Request and the Verification of Disability forms are incomplete and cannot be processed. We also posed two specific questions in the transmittal letter for which we expect a response. No response was provided either in the form of a cover letter or on the Verification of Reasonable Accommodation Request Form.

For (Name of Resident) to be eligible for a reasonable accommodation, a licensed medical practitioner must certify that he meets at least one of the three definitions listed on the form. This is done on the Verification of Disability Form. You selected none.

If the individual falls under any of the indicated disability definitions, please indicate accordingly and initial the corresponding box. If the individual doesn't fall under any of the disability definitions, please check no in each definition (#1-3) box(s) and initial each box. In addition, the form shows that this verification of disability is for admissions status as a disabled individual. This is in fact a verification of disability for the purposes of obtaining a reasonable accommodation. Please check the correct box when you complete the new copy of the verification form provided.

On the last page of the Verification of Reasonable Accommodation Request, the box in which we are seeking information about equally effective alternative accommodation or the existence of no equally effective alternative was left blank. If there is no medically effective alternative, please indicate so in this box. If you have any additional and relevant information concerning equally effective alternative accommodations, please provide this information. In either case, this section should be not be left blank.

Finally, two questions were asked in the original letters that were not answered. Again, here are the questions:

1. Is prescription of cigarettes a standard medical practice supported by the AMA and the FDA for individuals with (Name of Resident) medical condition?

2. Is there an equally effective delivery system for the “drugs” in tobacco other than the open air burning of tobacco? [this can be answered on the Verification of Reasonable Accommodation Request.

We have provided you with clean copies of both of the forms for your use in responding. We realize that you have a busy practice, and appreciate your taking the time to respond in a thorough and thoughtful manner.

If you have any questions concerning what is being requested to document and verify Resident’s request, do not hesitate to contact me or Anthony Vasiliou at 203-XXX-XXXX.

Sincerely

MRHP Public Housing Manager

Attachments

Milford Redevelopment & Housing Partnership

November 24,

Mr. Jack

Milford, CT 06460-4360

Dear Mr.

The Milford Redevelopment & Housing Partnership (MRHP) has been attempting to obtain clarification from the office of Dr. _____ for the request for a reasonable accommodation that was submitted to our office on June 22,

We have made two attempts by mail to have the Doctor respond to some basic questions regarding the specific accommodation and whether there are any equally effective alternatives to open flame consumption of cigarette smoke. You should be aware of our efforts as you have been provided copies of the correspondence with the Doctor that you identified as being able to discuss your request.

He has not responded to our inquiry and his office has merely resent the original materials that came with your request of June 22,

The questions we need answered are as follows:

- 1) Is prescription of cigarettes a standard medical practice supported by the AMA and the FDA for individuals with Mr. _____ medical condition?
- 2) Is there an equally effective delivery system for the "drugs" in tobacco other than the open air burning of tobacco?


As you may be aware, an equally effective strategy that does not require that an existing policy be overturned as the accommodation is allowed under the statutes. We have not been able to determine that your request is the only option to address your needs.

You should be aware that we are not rejecting your request, but we do not have sufficient information in hand to make a final determination. Therefore, we are tabling your request until such time as your primary care physician or some other licensed medical professional can answer our questions.

Once we receive the information that we require to determine whether an equally effective alternative(s) is available, we can neither approve nor disapprove your request.

If you have any questions or require special assistance concerning this notice, you can reach us at 203 877-1779 (voice) or through the ATT Relay Service using 711.

Sincerely,


Anthony J. Vasilion
Executive Director

On behalf of the MRHP Public Housing Department

Commissioners:

Raymond J. Arnold
Samuel S. Bergami III
John P. Fowler
Hilary Haig Holowink
Jack J. Tucciarone

Executive Director:

Anthony J. Vasilion

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