

**CITY OF CASPER**  
**REASONABLE ACCOMMODATION POLICY AND PROCEDURES**

**POLICY STATEMENT**

The City of Casper (“the City”) is committed to ensuring that individuals with disabilities are not discriminated against on the basis of disability, in connection with the operations of programs, services and activities. Therefore, if an individual with a disability requests an accommodation such as an accessible feature or modification to an application process, the City of Casper will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A copy of this Reasonable Accommodation Policy and Procedures will be posted on the City’s website at [www.casperwy.gov](http://www.casperwy.gov). In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the City of Casper Risk Manager, who is designated as the City’s ADA Coordinator.

**LEGAL AUTHORITY**

This Reasonable Accommodation Policy complies with the following statutes or regulations:

- (1) Section 504 of the Rehabilitation Act of 1973 (Section 504);
- (2) Title II of the Americans with Disabilities Act of 1990 (ADA);
- (3) The Fair Housing Act of 1968, as amended (Fair Housing Act);
- (4) The Architectural Barriers Act of 1968
- (5) 24 C.F.R. Part 8

**POLICY APPLICATION**

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the City of Casper:

- (a) Participants in all programs or activities that are conducted or sponsored by the City of Casper, its agents or contractors.

**MONITORING AND COMPLIANCE**

The City of Casper’s Risk Manager is designated as the City’s ADA Coordinator. As such, he or she is responsible for monitoring the City’s compliance with this Policy and is available to applicants, residents, program participants, and staff for discussing

issues and questions regarding the Policy, its interpretation, or implementation. The current ADA Coordinator is:

**Zulima Lopez**  
**Risk Manager**  
**Physical Address: 200 North David Street**  
**Mailing Address: 200 North David Street**  
**Casper, WY 82601**  
**307-235-8212 (Office)**  
**1-800-877-9965 (TTY/TDD)**  
**307-235-7575 (fax)**

If the Risk Manager, who serves as the ADA Coordinator, is unavailable for a period of time that could hinder progress related to the request of a reasonable accommodation, the City of Casper's Human Resources Supervisor will assume the responsibilities of the City's ADA Coordinator.

## **STAFF TRAINING**

The ADA Coordinator will ensure that all appropriate City of Casper staff receive training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

## **DEFINITIONS**

- (1) An individual with a disability is any person who has a physical or mental impairment that substantially limits one or more major life activities. The term physical or mental impairment may include, but is not limited to, conditions such as visual or hearing impairment, mobility impairment, HIV infection, developmental disabilities, addiction, or mental illness. In general, the definition of "person with disabilities" does not include current users of illegal controlled substances. As used in this definition, the phrase "physical or mental impairment" includes:
  - (a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
  - (b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and

conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

- (2) The term “major life activities” includes those activities that are important to daily life. Major life activities include, for example, walking, speaking, hearing, seeing, breathing, working, learning, performing manual tasks, and caring for oneself. There are other major life activities that are not on this list. Major life activities also include the operation of major bodily activities, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems.
- (3) A “reasonable accommodation” is defined as a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that is necessary for a qualified individual with a disability to have the opportunity to participate in, and benefit from, a program or activity. This includes the use of a bona fide service animal.

## **REASONABLE ACCOMMODATION**

A person with a disability may request a reasonable accommodation at any time during the application process or participation in any City of Casper programs. The individual with a disability may submit all requests in writing, orally, or by any other equally effective means of communication. If the individual with a disability is unable to submit their request in writing, the City will assist the individual to reduce their request to written form.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

## **EXAMPLES OF REASONABLE ACCOMMODATION**

Examples of reasonable accommodations may include, but are not limited to:

- (a) Making applications and other documents available in large type, computer disc or Braille.

- (b) Providing qualified sign language interpreters, or otherwise facilitating communication for applicant or program participant interactions with City of Casper staff and contractors performing work under City of Casper programs.

## **REQUESTS FOR REASONABLE ACCOMMODATIONS**

Individuals with disabilities may submit reasonable accommodation requests to the City of Casper ADA Coordinator in writing, orally, or by any other equally effective means of communication. The City of Casper provides the "Request for Reasonable Accommodation", ("Request Form") to all applicants and program participants with disabilities who request a reasonable accommodation. The City ensures that all reasonable accommodation requests are reduced to writing.

## **PROCESSING REASONABLE ACCOMMODATION REQUESTS**

- (a) Within three (3) business days of receipt, anyone other than the ADA Coordinator who has received a reasonable accommodation request from an applicant or program participant (also referred to as "requestor") will forward the request(s) to the ADA Coordinator.
- (b) Within seven (7) business days of receipt, the ADA Coordinator will respond to the request in writing and engage in initial discussions with the applicant or program participant requesting the accommodation, and/or the individual's representative.
- (c) If additional information or documentation is required, the ADA Coordinator will notify the requestor, in writing, of the need for the additional information or documentation. The ADA Coordinator will provide the requestor with the "Request for Information or Verification Form" ("Request for Information"), a copy of which is attached. The written notification shall provide the requestor with a reply date for submission of the outstanding information or documentation.
- (d) Within twenty (20) business days of receipt of the request and, if necessary, all supporting documentation, the City of Casper will provide written notification to the requestor of its decision to approve or deny the request(s). Upon request, the written notification will be provided in an alternate format.
- (e) If the City of Casper approves the accommodation request(s), the applicant will be notified in writing of the projected date for implementation.
- (f) If the accommodation is denied, the applicant will be notified in writing of the reason(s) for denial. In addition, the notification of the denial will also provide the applicant with information regarding the City of Casper's Grievance Procedures.

- (g) All recommendations that have been approved by the ADA Coordinator will be forwarded to appropriate department for implementation. All requests for reasonable accommodation that are approved will promptly be implemented or begin the process of implementation.
- (h) Any written notifications provided as part of this process will be provided in an alternative format upon request.

### **VERIFICATION OF REASONABLE ACCOMMODATION REQUEST**

When the disability and/or the need for accommodation is not obvious, the City of Casper may request documentation of the need for a Reasonable Accommodation as identified on the Verification of Need for a Reasonable Accommodation Form. In addition, the City may request that the individual provide suggested reasonable accommodations.

The City of Casper may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the City of Casper may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the may not require specific details regarding the individual's disability. The City of Casper may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The City may not require the individual to disclose the specific disability/disabilities or the nature or extent of said disabilities.

The following may provide verification of an applicant or participant's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

### **DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)**

Requested accommodations will not be approved if one of the following would occur as a result:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the City of Casper's program;
- (c) An undue financial and administrative burden on the City of Casper;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

**CITY OF CASPER  
REQUEST FOR REASONABLE ACCOMMODATION**

***Upon request, this form and the Reasonable Accommodation Policy & Procedures will be made available in an alternate format.***

Please refer to the "Reasonable Accommodation Policy and Procedures" to determine whether you or a household member is a qualified individual with a disability. If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must fill in the information requested, sign your name and the date, and return the completed form to Zulima Lopez, City of Casper ADA Coordinator, 200 North David Street, Casper, WY 82601. If you need assistance in understanding whether you or a member of your household is a qualified individual with a disability or if you would like assistance in completing this form, please contact the City of Casper ADA Coordinator at (307) 235-8212 or (800) 829-2783 (TTY/TDD).

**PLEASE FILL OUT EVERY BLANK. FORMS NOT COMPLETELY FILLED OUT MAY BE RETURNED**

Name of person requiring accommodation: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number of accommodation requestor: \_\_\_\_\_

**Please answer each of the following questions:**

As the result of a disability, I am requesting the following reasonable accommodations:

***(Please check one or more boxes, then explain on the blank lines)***

Assistance in completing an application for services:

\_\_\_\_\_  
\_\_\_\_\_

Assistance in communicating with staff or contractors:

\_\_\_\_\_  
\_\_\_\_\_

Other – Please describe:

\_\_\_\_\_  
\_\_\_\_\_

**CITY OF CASPER  
VERIFICATION OF NEED FOR A REASONABLE ACCOMODATION**

***Upon request, this form and the Reasonable Accommodation Policy & Procedures will be made available in an alternate format.***

Dear \_\_\_\_\_,

On the back of this page is a form signed by \_\_\_\_\_ [Requestor's name] asking you to verify his or her disability and the need for a reasonable accommodation.

State and federal laws require entities, such as the City of Casper, to make reasonable changes to policies, practices, procedures and/or physical changes to City facilities if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, City programs and facilities. Please note that such changes must be necessary as a result of the person's disability.

Please indicate on the form whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. Please also feel free to add any additional information or suggestions that would be helpful in making the right accommodation for this person.

**This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.**

Please return the form to:

**Zulima Lopez  
Risk Manager  
200 North David Street  
Casper, WY 82601  
307-235-7575 (fax)**

If you have any questions, please feel free to call the Risk Manager at 307-235-8212.

Thank you very much for your assistance.

Sincerely,

Zulima Lopez  
Risk Manager  
City of Casper

**CITY OF CASPER  
VERIFICATION OF NEED FOR A REASONABLE ACCOMODATION**

***Upon request, this form and the Reasonable Accommodation Policy & Procedures will be made available in an alternate format.***

Name of person requiring accommodation: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number of accommodation requestor: \_\_\_\_\_

*I have requested the accommodation below and ask that you fill out the following certification.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Certification:***

The individual who has signed above has requested the following reasonable accommodation(s) and has requested that you provide verification:

\_\_\_\_\_  
\_\_\_\_\_

a. Do you believe the individual has a physical or mental impairment that limits a major life activity?

Yes No

b. Do you believe the accommodation is necessary and will achieve its stated purpose?

Yes No Cannot Verify

c. Is there any other information that would be helpful in making the right accommodation for this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Physician or Professional