



Housing Authority of the City of Milwaukee

Assistance Animal Policy

Background: An assistance animal is one that assists or benefits a person with a disability by allowing a person equal opportunity to use and enjoy a dwelling.

Assistance animals are not pets. They are animals that do work, perform tasks, assist, and/or provide therapeutic emotional support for individuals with disabilities. There are two types of assistance animals:

- (1) **Service animals:** Under the Americans with Disabilities Act, these are any dog that is trained to do work or perform tasks for the benefit of an individual with a disability. The work or tasks performed by the service animal must be directly related to the disability. If no specific work or task is identified, the dog is not considered a service animal, but may fall into the second category of assistance animals.
- (2) **Other Assistance animals:** Other animals that do work, perform tasks, and/or provide therapeutic emotional support for individuals with disabilities (sometimes referred to as a “support animal”)

An assistance animal does **not** have to be certified by a state or local government or a training program.

This policy applies to all properties that are managed or owned by the Housing Authority of the City of Milwaukee (HACM), including public housing, low income tax credit housing, and other affordable housing.

Assistance Animal Rights of Applicants and Residents:

Applicants and/or residents with disabilities (in either case, a “Resident”) that live in a property managed or owned by HACM may request approval to house in his/her unit an animal, as a reasonable accommodation, that does work, performs tasks, assist and/or provides therapeutic emotional support for the benefit of a person with a disability.

In order to provide the best service, the following guidelines have been adopted by HACM:

A. Request for an Assistance Animal Accommodation:

While it is not necessary to submit a written request or to use the specific words “reasonable accommodation”, “assistance animal”, or any other special words to request a reasonable accommodation, persons making a request are encouraged to put it in writing to avoid miscommunication.

Thus, HACM has provided a standard ***“Request for Assistance Animal Accommodation” form*** for use by a Resident, though use of this form is encouraged but not required. The form is attached to this policy.

B. Verification of the Individual’s Need for Assistance Animals:

The Resident must also provide verification that they have a disability under equal housing opportunity laws, and that the accommodation is necessary to give the person equal opportunity to use and enjoy their housing.

The Resident is not required to disclose medical records or the nature of the disability. In addition, HACM does not require a specific form from the health care professional and does not ask them to share any diagnosis or detailed information about the person’s physical or mental disabilities.

The Resident will need verification from a knowledgeable professional such as a health care professional or some other appropriate source in writing. This can take the form of either a signed letter on professional letterhead or the attached HACM ***“Verification of Need for Assistance Animal Accommodation” form***). The verification should include answers to the following questions:

- Is the client a “person with a disability” as defined by the equal housing opportunity laws? In other words, does the person have a physical or mental impairment that substantially limits at least one major life activity or function?
- In the health care provider’s professional opinion, does the person need the requested accommodation to have the same opportunity as a non-disabled person to use and enjoy housing? In other words, is the animal needed because it does work, performs tasks, provides assistance or provides therapeutic emotional support to alleviate a symptom or effect of the disability and not merely to be a pet?

Assistance Animal Accommodation:

HACM will review the Resident's request for an assistance animal accommodation. Upon verification from the Resident's health care professional or some other satisfactory evidence of disability-related assistance or benefit, HACM will take into consideration the reasonableness of the request and provide a written response to the Resident within thirty (30) days of receipt.

Type of Assistance Animal

If the assistance animal is an animal commonly kept in households, the reasonable request will be granted if the Resident has provided information confirming that there is a disability-related need for the animal. This includes a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small domesticated animal that is traditionally kept in the home for pleasure. For purposes of this assessment, reptiles (other than turtles), barnyard animals, monkeys, kangaroos and other non-domesticated animals are not considered common household animals.

If the individual is requesting a unique type of animal not commonly kept in a household, the Resident has the substantial burden of submitting additional documentation from a health care professional confirming the need for this specific animal.

Other Provisions:

Since an assistance animal is not a pet, pet rules (such as limits on size or breed) and pet deposits do not apply to an approved assistance animal and HACM or the property may not charge a fee for having an assistance animal. However, the Resident is liable for any damage the assistance animal actually causes

For dogs and cats, proof of city license, vaccinations, and whether the cat or dog is spayed or neutered will be required to be provided to the property management office.

Owners of assistance animals are expected to exercise responsible and courteous behavior so that the presence of their animal on the property does not violate the rights of others to the peaceful enjoyment of the premises.



REQUEST FOR ASSISTANCE ANIMAL ACCOMMODATION

Name: _____

Housing Development: _____

Address: _____

Phone Number: _____

I have a disability as defined by equal housing opportunity laws. I use or need an assistance animal to assist me with the functional limitations related to my disability. My assistance animal also enhances my ability to live independently and to fully use and enjoy my dwelling.

Type of assistance animal (e.g., dog, cat, etc.): _____

I am requesting an accommodation for my disability/disabilities.

I have attached a letter from my health care professional or other appropriate source or the verifying that I have a disability and that I have a need for an assistance animal in order to use and enjoy my housing. The attached form (Verification of Need for Assistance Animal Accommodation) can also be completed by the health care professional and used as documentation instead of a letter on letterhead.

Signed: _____

Date: _____



VERIFICATION OF NEED FOR ASSISTANCE ANIMAL ACCOMMODATION

NOTE--This specific form is not required as long as similar information is provided, such as a signed letter on professional letterhead.

I am a health care professional or other knowledgeable professional with personal knowledge of this patient/client. Please do not share any specific diagnosis or confidential detailed medical information.

Name of Person in Need of an Assistance Animal: _____

Type of assistance animal (e.g., dog, cat, etc.): _____

1. Is the client a “person with a disability” as defined by the equal housing opportunity laws? In other words, does the person have a physical or mental impairment that substantially limits at least one major life activity or function?

Yes No

2. In the health care provider’s professional opinion, does the person need the requested accommodation to have the same opportunity as a non-disabled person to use and enjoy housing? In other words, is the animal needed because it does work, performs tasks, provides assistance or provides therapeutic emotional support to alleviate a symptom or effect of the disability and not merely to be a pet?

Yes No

Printed Name of Professional: _____

Organization/Clinic: _____

Address: _____

Phone: _____

Signature: _____

Date: _____