



THE TOPEKA HOUSING AUTHORITY

2010 SE California Ave. ■ Topeka, KS 66607
Phone: 785-357-8842 ■ Fax: 785-357-2648 ■ www.tha.gov

THA Assistance Animal Policies

04/22/2014

RESOLUTION NO. 2014-06 Policies Relating to Assistance Animals

BE IT RESOLVED by the Board of Commissioners of the Topeka Housing Authority (THA) that the following common household pet policy is established for all THA complexes and units. This policy replaces all previous THA policies relating to this subject.

A. General

An assistance animal (including an ADA-defined service animal) is not a pet, and is welcome in all THA individual units and in all THA common areas and grounds.

THA welcomes animals that assist, support or provide services to persons with disabilities under the terms and conditions described below.

B. THA Obligations

1. THA will issue and enforce rules relating to tenant ownership and care of assistance animals.
2. THA will register an assistance animal:
 - a. If a medical/health services professional with the knowledge necessary to make such a determination certifies in writing that the tenant or a member of his/her family is a person with a disability;
 - b. The animal provides assistance, support or services to the named person with a disability;
 - c. The animal is necessary to afford the individual an equal opportunity to use and enjoy a dwelling or to participate in the housing service or program, and;
 - d. There is a relationship, or nexus, between the individual's disability and the assistance the animal provides.
3. In the case of an ADA-defined service animal, no such written determination is required if the owner submits proof that the animal is a service dog with specific training to do work or perform tasks for the individual with a disability.

C. Tenant Obligations

1. To the extent that this is possible and reasonable, a tenant with an assistance animal will abide by THA policies relating to Household Pets.
2. A person owning an assistance animal is responsible for meeting the exercise, care, and hygiene needs of the animal so it does not present a threat to the health or safety of any person or animal, nor interfere with the right of other tenants to peaceful enjoyment of their units and common areas.
3. The owner must register the assistance animal with THA before the animal is brought onto THA premises and renew its registration annually when THA recertifies family income and composition. As part of this annual registration renewal the owner must provide:
 - a. A certificate signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law,
 - b. Information or a photograph sufficient to identify the animal.

- c. Proof that the animal is properly licensed by the City of Topeka (if applicable), and; T
 - d. The name, address, and telephone number of one or more responsible persons who will take care of the animal if the owner dies, is incapacitated, or is otherwise unable to care for the animal.
4. The assistance animal owner must sign a statement indicating that they have read and will abide by THA's assistance animal rules.

C. Rules

1. Care of the animal
 - a. An assistance animal must be kept free from fleas, ticks, vermin and disease.
 - b. City authorities will be notified if an animal is left unattended for 24 hours or more, and the animal may be removed from THA premises.
 - c. An animal may not be tied, chained or otherwise confined outside anywhere on THA property.
2. Courtesy to other tenants and to THA staff
 - a. THA will terminate the registration for any assistance animal that engages in threatening behavior.
 - b. An assistance animal owner may not alter an apartment unit or the area outside a unit to accommodate an animal without prior approval of THA.

D. Non-Compliance

1. Failure to comply with THA assistance animal policies, rules or lease requirements will result in THA serving a written notice of violation on the tenant. This written statement will:
 - a. Contain a brief statement of the rule or lease requirement and how it has been violated;
 - b. State that the owner has 10 days from the date of service to correct the violation including, if appropriate, removal of the animal or to make a written request for a meeting;
 - c. State that the owner is entitled to be accompanied by a person of his/her choice at the meeting; and,
 - d. State that the animal owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the owner's tenancy.
2. If after meeting the owner and THA fail to resolve a problem or problems relating to compliance with THA's policies THA will send the owner a written notice which:
 - a. Summarizes the rule or rules violated,
 - b. Indicates that the owner must remove the animal within 10 days, and;
 - c. Provides notice that failure to remove the animal will result in action to terminate the owner's tenancy.

This resolution was ADOPTED AND APPROVED by the THA Board of Commissioners on April 22, 2014. This resolution is effective April 22, 2014.


Dr. Frank Ybarra, Chair


John Johnston, Executive Director

TOPEKA HOUSING AUTHORITY
Assistance Animal
Registration Form

Date _____

COMPLIANCE WITH POLICIES AND RULES

This certifies that the tenant _____, who resides at _____ has read and agrees to abide by Topeka Housing Authority policies and rules relating to ASSISTANCE ANIMALS.

A copy of these policies and rules is attached.

GENERAL INFORMATION

Type of Animal: _____ Animal Name: _____

_____ Certification from a medical/health services professional with the knowledge necessary to make such a determination that the tenant or a member of his/her family is a person with a disability.

_____ Certification by a medical/health services professional with the knowledge necessary to make such a determination that under the terms of 24 CFR 8.4(b)(i), 8.24, and 8.33 the assistance animal represents a reasonable accommodation that will allow an applicant or resident with a disability to have an equal opportunity to use and enjoy THA tenancy.

_____ Veterinarian's certification that the animal has received inoculations required by applicable state and local law.

_____ Information or a photograph sufficient to identify the animal

_____ Proof that the animal is properly licensed

License Number _____

Expiration Date _____

ALTERNATE CARETAKER

This person will care for this animal if the owner dies, is incapacitated, or is otherwise unable to do so.

Name _____

Address _____

Phone _____

SIGNATURES

Tenant Name

Tenant Signature

Staff Name

Staff Signature



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TOPEKA, KANSAS 66607
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CERTIFICATION OF NEED FOR A COMPANION ANIMAL(S)

PHYSICIAN/SOCIAL SERVICES:

ADDRESS:

CITY, STATE, ZIP:

PERMISSION FOR RELEASE OF INFORMATION:

I authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME(S) OF APPLICANT:

SOCIAL SECURITY #(S):

SIGNATURE:

DATE:

This individual requests the following animal(s) be certified as companion animals: (List each animal individually)

Name of Animal	Type of Animal	To Be Completed by Medical/Health Professional Needed as Companion Animal	
		Yes	No

As a medical/health professional with the knowledge necessary to make such a determination, I hereby affirm that in my judgment this person requires the companion animal or animals listed above as reasonable accommodation in order to have an equal opportunity to use and enjoy THA tenancy. I also certify that this individual has the capacity to properly care for each of these animals.

I understand that this information may be reported to my state medical board and here is my state medical license no. _____

DATE:

SIGNATURE OF PREPARER:

Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

THA Representative



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DISABILITY/HANDICAPPED STATUS VERIFICATION

PHYSICIAN/SOCIAL SERVICES:

ADDRESS:

CITY, STATE, ZIP:

PERMISSION FOR RELEASE OF INFORMATION:

I authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME(S) OF APPLICANT:	SOCIAL SECURITY #(S):
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SIGNATURE:	DATE:
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STOP HERE

THIS INDIVIDUAL: PLEASE ANSWER ALL THE YES AND NO QUESTIONS	PATIENT MEETS DEFINITION	
	YES	NO

	YES	NO
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Unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to result for a continuous period of not less than 12 months; or		
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Has attained the age of 55 and is blind (within the meaning of "blindness as defined in section 416(i)(1) of the Social Security Act), and is unable by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which she/he has previously engaged with some regularity and over a substantial period of time; or		
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Has a severe chronic disability that (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two; (c) is likely to continue indefinitely; (d) result in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.		
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I understand that this information may be reported to my state medical board and here is my state medical license no. _____ SIGNATURE OF PREPARER:	DATE:
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Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

Thank you

THA Representative