

# **AcHP Temporary Relocation Plan for Tenants with Disabilities – Project**

## Relocation Consultants:

(Please complete a Plan for each project site and/or building, if the retrofit/ relocation is not scheduled for the project as a whole. Plan should be updated with latest information prior to start of relocation.)

Many of these items may have been addressed in the Relocation Consultant's standard Relocation Project Plan. Please include any items on this list that are not there and attach this as an addendum.

Portions of the Plan will need to be updated as additional information is acquired from the search for temporary lodging and from tenant interviews.

Date of Project Plan: \_\_\_\_\_

- I. Project Information (If more than 1 site/building complete address and management information for each if they differ.)
  - A. Project Name:
  - B. Street Address:
  - C. City:
  - D. Zip code:
  - E. AcHP#(s): [provided by AcHP]
  - F. HIMS #(s): [provided by AcHP]
  - G. Owner Name:
  - H. Owner Contact Information:
  
  - I. Property Management Agent Name:
  - J. Property Management Company:
  - K. Property Management Contact Information:
  
  - L. Resident Manager Name (if different from property management agent):
  - M. Resident Manager Contact Information (if different from property management agent):
  
  - N. List Total # Number of Units for Each Project Site/building(s)
  
  - O. Total # Mobility Units in Each Project Site. (Specify site/building(s))

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P. Total # Communication (Hearing/Vision) Units in Each Project Site. (Specify site/building(s))

Q. Total # Units with Both Mobility & Communication Features in Each Project Site. (Specify site/building(s))

R. Total # Conventional<sup>1</sup> Units in Each Project Site. (Specify site)

S. Complete a form similar to Exhibits A1 & A2 (attached) for an overview of tenants being temporarily relocated.

## **II. Retrofit Project Description — Obtain from Project Owner**

A. Describe the project, site(s) and building(s) where the relocation will take place (with maps as appropriate). Attach Project Site Plan(s) identifying:

1. Units where the retrofits requiring temporary relocation will take place.

2. Units to be retrofit where no relocation necessary

3. Public and common areas that will be retrofitted.

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<sup>1</sup> Units that are not accessible.

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B. Describe retrofit work to occur in each unit where tenants will need to be relocated and in public/common areas impacting access for all tenants.

C. Anticipated date(s) of beginning and completion of retrofit.

D. How will retrofits of public/common areas/paths of travel affect tenants, staff, and visitors with disabilities?

E. How will relocation be coordinated with retrofit construction?

F. Attach construction and relocation schedules.

### **III. Overview of Temporary Relocation Needs**

A. Describe the temporary relocation activities that will be provided as a result of the retrofit.

B. Projected date(s) beginning and end of temporary relocation.

1. What will be the duration of temporary relocation for each tenant household?

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2. What plans are in place if some retrofits take longer than anticipated?
- C. If some retrofits will take place without relocation, how will tenants be impacted, what steps will be necessary to ensure livability during the work, and how will tenants' belongings be secure and protected. How will any necessary accommodations for tenants with disabilities be managed during any non-displacing retrofits?
- D. Overview of project unit and occupant data (prior to individual household interviews). This information should be updated as more accurate data becomes available during interactions with households of tenants with disabilities.
1. Brief description of current occupants who will need to be temporarily relocated who are limited English speakers and the languages they speak.
  2. Current information from project staff regarding tenants with disabilities' accessibility needs that may impact their temporary relocation. What is the preliminary plan to accommodate those needs during the relocation?

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3. Do tenants have assistance animals (Service dogs and/or support animals)? (Please see AcHP Temporary Relocation Guidelines for Tenants with Disabilities.) Note: Assistance animals must be allowed to accompany tenants to their temporary lodging.
  
4. Do tenants with disabilities have their own automobiles or vans? Are any of them adaptive vehicles? Electric or hybrid vehicles requiring charging station?

**IV.** Description of Temporary Relocation Services (Information must be updated as Relocation Consultant provides tenants with more detailed data on feasible options.) What assistance will the Relocation Consultant provide? Be specific.

**A.** Accessible Temporary Housing.

1. How many households are anticipated to need accessible housing units (Are they mobility or hearing/vision or both?)
  
2. Attach a spreadsheet that describes the housing available for this temporary relocation project. Using the format below (per the Guidelines), list hotels/motels/apartments/ etc. that were reviewed to

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determine whether they can be utilized by tenants who are going to be relocated. (Individual Tenant Household Relocation Plans will identify which specific site was selected.) The format is as follows:

Name of Temporary Housing Site Name (with photos)	Type (hotel, motel, extended stay hotel, Airbnb)	Address	Telephone number	Contact person

How far from project site?	Total # units in temporary lodging site	Total # mobility units	Total # H/V units	Total # units both mobility & H/V	Accessibility Standard utilized and how verified?

Positive features of this site for tenants to be relocated	Negative features of this site for tenants to be relocated	Availability of public transportation appropriate for the tenant’s needs	Accessible parking options	Cost per unit per day/week/month? (per bedroom type in temporary lodging)

List each mobility unit, by unit number (if a unit has both mobility and H/V features, list here)	For each unit, list the # of bedrooms/ bathrooms	List each unit’s accessibility features (include kitchens, if available) Is there an accessible path of travel? What is the bed height; turning radius in kitchen and bathrooms? Are there roll-in or transfer showers or baths? Grab bars? Raised toilet seats? Accessible cooking facilities?

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List each H/V only unit by unit number	For each unit, the # of bedrooms /bathrooms	List the H/V accessibility features for each unit (include kitchens, if available) Are there visual and audible alarms, audible thermostat, etc.

3. Who will determine whether temporary housing meets accessibility standards? At what point in the process will that be accomplished? Have they been verified? By whom?
  
  4. What steps will the Relocation Consultant take if the temporary housing does not meet tenant’s accessibility needs?
  
  5. Do identified temporary housing options allow tenants’ assistance animals (service animals and support animals)? All lodging must accept service dogs, but hotels may not be required to accept support animals. Assistance animals must be allowed to reside with tenants to their temporary housing.
- B. Accessible Transportation for Persons with Disabilities and Their Families and Attendants.** Please note: Transportation options should be realistic, take into account the tenant’s normal round-trip time, be fully accessible as needed, be paid for, and ensure reasonable safety.
1. What transportation options are available to tenants with disabilities being temporarily relocated, both to make the move and during relocation? (May reference spreadsheet)

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2. How will members of the tenant household be transported to temporary housing?

3. How will members of the tenant household go to medical appointments, work, school, religious activities, other appointments?

### **C. Packing and Moving.**

1. What assistance will be provided to tenants in packing belongings?

2. How will tenant belongings and equipment be transported to temporary housing?





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communication and required written notices will be provided in the language understood by adult members of the household. Interpreters must be provided as needed, including appropriate sign language interpreters, oral transliterators, cued speech transliterators, and tactile interpreters.

4. Attach schedule showing required notices and other documents date to be sent. Update schedule to show actual date sent.

## **B. Assessing Needs.**

1. How and when will the needs of each household with tenant(s) with disabilities be determined?
  
2. What additional services may be required to successfully relocate tenants temporarily?

## **C. Contact During Temporary Relocation.**

1. How and when will Relocation Consultant remain in contact with tenant household during the period of temporary relocation?

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2. Who can tenants or temporary lodging representatives contact in the event of an emergency (24/7)? Who will respond to emergencies?
  
3. Who will respond to tenant concerns that arise during the period of relocation?

### **D. Grievance Policy.**

1. Attach the Relocation Consultant's grievance policy and procedures for claims for damages and other things that arise after relocation. (Please note: As a "covered housing development," in addition to Relocation Consultant and project grievance policies, AcHP grievance policies apply.)
  
2. How will tenants be informed of the opportunity to have their concerns and grievances addressed during and after the temporary relocation process?

### **AcHP TEMPORARY RELOCATION REQUIREMENTS.**

The Relocation Consultant must —

1. Provide assistance that does not result in different or separate treatment of tenants based on or due to "race, color, religion, sex, gender, gender identity,

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gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, military or veteran status, age, medical condition, genetic information, citizenship, primary language, immigration status, arbitrary characteristics as protected by the Unruh Civil Rights Act, and all other classes of individuals protected from discrimination under federal or state fair housing laws, individuals perceived to be a member of any of the preceding classes, or any individual or person associated with any of the preceding classes.” (Definition of “Protected classes” Title 2 California Code of Regulations (CCR) 12005(aa))

2. Utilize the AcHP Guidelines and other templates for temporary temporary relocation of tenants with disabilities.
  
3. Provide reasonable accommodations and modifications in accord with federal and state laws for people with disabilities, in particular the ADA and 2 C.C.R. Section 12176 et seq.
  
4. Provide auxiliary aids and services for effective communication as necessary for people with communication disabilities, including hearing, vision and speech disabilities, in accord with the ADA. See <https://www.ada.gov/resources/effective-communication/>.



## AChP Temporary Relocation Plan for Tenants with Disabilities – Project

<b>EXHIBIT A2 — Basic Household Information for Temporary Relocation of Tenants with Disabilities</b> Individuals are Examples.							
HH #	Unit #	Household Last Name, First Name	Relationship/ Role	Age	Primary Language	PWD ? Y/N	Accessibility Need(s)
1	205	Morales, Jorge	Head of Household (M)	44	Spanish	N	None
		Morales, Gloria	Spouse (F)	38	Spanish	N	None
		Morales, Juan	Son	16	English	Y	Mobility/ wheelchair
		Morales, Ana	Daughter	14	English	N	None
		Morales, Hugo	Son	8	English	N	None
		Morales, Helen	Daughter	6	English	N	Allergies to cleaning products
		Johns, Jasper	Live-in Aide	25	English	N	None
2	306	Smith, Jean	Head of Household (F)	35	English	Y	Deaf
		Jones, Robert	Son	15	English	N	None
		Smith, Lucy	Daughter	7	English	N	None