



**Title: Policy Regarding Exception to
Associate Membership Requirement
Reasonable Accommodation:**

Policy Number 500-7

Rescissions to Past Policy

This policy rescinds and supersedes any and all policies adopted and/or motions duly passed or approved on this subject by the Fairway Village Homeowners Association (FVHOA) prior to December 8, 2021.

PURPOSE

The purpose of this policy is to provide guidance for an **exemption from the Associate Membership Requirement and exemption from the annual assessment for live-in caregivers**

A live-in caregiver is someone who will reside with the resident in order to provide health care, assistance with the activities of daily living, hospice, or other necessary care. A separate policy is needed for caregivers because their presence in the community requires exemption from rules and regulations, impacts income (assessments), and the census that Fairway Village is required to document its status as a 55-and-over community.

POLICY

This policy applies only to caregivers who provide 24-hour live-in care. Any Unit occupied by a Proprietary or Associate Member who, because of a temporary or permanent disability, requires a live-in attendant, will be allowed to have such assistance for as long as required.

Caregivers are not House Sitters or Guests. The rules that apply to House Sitters and Guests regarding access to amenities shall not apply to in-home caregivers. Caregivers are in residence to provide assistance and may only access common facilities to the extent necessary to carry out their duties as a caregiver, *i.e.*, to provide their client (Proprietary or Associate Member) access to the common areas. Caregivers must abide by Fairway Village's rules regarding parking, no solicitation, and not creating a nuisance. The caregiver may not continue to reside in the Unit for more than 90 days after the Member relocates, recovers or dies.

Upon request from the resident with the disability, a live-in caregiver shall not be required to complete an Associate Membership application, nor shall an assessment be charged. However, the caregiver must be registered with the Association office (*see* Procedure, below). A person who is already a Proprietary Member who becomes a caregiver in his or her own home shall not be exempt from the annual assessment because that person is already a Member of the Association. When an adult disabled child is cared for in the home by a Member parent, that child will not be subject to the annual assessment unless the adult child is using Association facilities.

A caregiver(s) may be employed or contracted to provided necessary care or may be a family member. This policy acknowledges that a resident caregiver may be a family member under the age of 18. Residents should be aware that this is the **●**ONLY exception to Fairway Village's prohibition against residents under the age of 18.



PROCEDURE

Residents requesting this variance should complete a package of three forms, available through the HOA Office or on our website under the tab “Documents and Forms” at ourfairwayvillage.org/forms:

1. Exception to Associate Membership Requirement (addendum A)
2. Certification of Disability (addendum B)
3. Variance Request (addendum C)

After the package has been submitted, the Board of Directors will vote on the variance package at its next regular meeting.

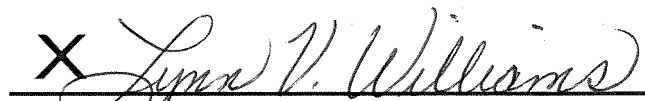
Certification of Disability

The Association requires certification from a medical or social service provider of the existence of a disability, the necessity for a Reasonable Accommodation or Modification, and the expected duration of the disability (temporary or permanent). This request is limited to confirming the disability and does not extend to asking the provider to identify the disability or its severity. The request for certification shall include only such information as is necessary to evaluate the request. The medical or social service provider is *not* required to use the attached certification forms and may respond in any format that provides the information requested.

This policy shall become effective 30 days after its adoption by the Board of Directors in order to provide an opportunity for comments and input from the members of the Fairway Village Homeowners Association.

Addendums:

- A. Exception to Associate Membership Requirement
- B. Certification of Disability
- C. Variance Request


Lynn V. Williams
President



Click or tap to enter a date.

FAIRWAY VILLAGE HOMEOWNERS ASSOCIATION
15509 SE FERNWOOD DR., VANCOUVER WA 98683
Phone: (360) 256-6626 Ourfairwayvillage.org

dani.lacki@ourfairwayvillage.org

**Exception to Associate Membership Requirement:
Request for Reasonable Accommodation**
Addendum A

If you or a member of your household has a disability, and you feel that there is a need for a **live-in caregiver** for that person to have equal use and access to the dwelling Unit or the common areas in the community, please complete this form and give it to staff in the homeowner's association office in the clubhouse. If you cannot fill out this form yourself, you may have someone assist you. *Please keep copies of all documents that you submit to the Association related to this request.*

Date: _____

Name of Resident(s): _____

FVHOA Address: _____ Vancouver WA 98683

Phone Number: _____

I am requesting an Exception to Associate Membership Requirement for:

(Name(s) of Caregiver(s) or Agency)

Date Caregiver will move in: _____

☐ This caregiver is a family member who was born on _____
(Date of birth, if family member)

A reasonable accommodation is an exception or variance that the Association makes to rules, regulations or policies that will assist a resident with a disability in taking advantage of a dwelling unit or common areas.



SAMPLE



Click or tap to enter a date.

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CERTIFICATION OF DISABILITY Addendum B

TO: _____
(provider)

DATE: Click or tap to enter a date.

(address)

(city, state, ZIP code)

RE: Request for Reasonable Accommodation and/or Modification

(Homeowner requesting RA/RM)

The above-named resident of Fairway Village has requested reasonable accommodation for a **live-in caregiver**. We request that you verify the disability and the disability-related need for the caregiver.

The medical/social service professional certifying the disability and the need for an accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability.

Please complete and sign the attached form, *or another form of your choice*, that will provide the information we need for the above-named individual(s). Please email the form to:
dani.lacki@ourfairwayvillage.org

The information you provide will be kept confidential. Please do not hesitate to call if you have questions.

FAIRWAY VILLAGE HOMEOWNER'S ASSOCIATION

Certification of Disability Continued

As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that

(Name of client/patient)

qualifies as an individual with a disability and that the following accommodation is consistent with the needs associated with his/her disability.

Accommodation/Modification: Live-In Caregiver

Signature of Medical/Social Service provider

Printed Name and Title

Phone number

Click or tap to enter a date. _____

Please return this form to Fairway Village HOA, or email dani.lacki@ourfairwayvillage.org

