

WESTCARE FL – THE VILLAGE SOUTH, INC.
POLICY TITLE: AUXILIARY AID PLAN
PAGES:
APPLICABLE STANDARDS: AMERICANS WITH DISABILITIES ACT 1990; AMERICANS WITH DISABILITIES ACT AMENDMENTS ACT 2008; TITLE VI OF THE CIVIL RIGHTS ACT 1964
APPROVAL - <i>Richard J. Steinberg</i>
DATE OF SIGNATURE: 9-16-21
ORIGINAL EFFECTIVE DATE: 08/30/2021
REVISED DATE:

## Auxiliary Aid Plan Policy

### **PURPOSE:**

The Village shall comply with the deaf and hard-of-hearing requirements pursuant to the Americans with Disabilities Act 1990, the Americans with Disabilities Act Amendments Act 2008, and the Title VI of the Civil Rights Act 1964. The purpose of this Plan is to establish guidelines for ensuring the provision of services to the deaf and hard-of-hearing clients.

### **POLICY:**

The Village South, Inc. will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with clients involving their behavioral conditions, treatment, services and benefits. All necessary auxiliary aids and services shall be provided without cost to the person being served.

### **RESPONSIBILITY:**

It is the responsibility of the Senior Vice President, the Village Leadership Team, and the Clinical Director to ensure staff are aware of and comply with the policy and procedure.

### **PROCEDURE:**

1. At the time of the admission interview, admission staff are responsible for assessing the need for auxiliary aid or services for clients or companions who are deaf or hard of hearing. However, it also is possible that the need becomes clear to treatment staff later during an episode of care. At such time staff must immediately communicate this need to their supervisor, who will themselves or through admission staff conduct the needs assessment and arrange for assistance as evidenced and requested during the assessment, i.e., interpreter, pocket talker, etc.

As soon as it is determined that a certified interpreter is necessary for effective communication with a client or companion who is deaf or hard of hearing, staff shall inform such person of the status of the efforts to secure a certified interpreter on his or her behalf and of the estimated wait until the interpreter will arrive. Staff shall provide additional updates to the customer or companion as necessary until an interpreter is secured. Notification of efforts to secure an interpreter does not lessen the Village's obligation to provide qualified interpreters in a timely manner. Between the time an interpreter is requested and the time an interpreter arrives, staff shall continue to try to communicate with the customer or companion who is deaf or hard of hearing insofar as the customer or companion seeks to communicate. In such circumstances, staff shall use all available methods of communication, including, but not limited to, written communication, note-takers, sign language pictographs, and other communication graphics.

Whether an employee first becomes aware of the need for a sign language interpreter for a client or applicant for services, efforts to procure and arrange for the interpreter shall start as soon as possible, and always within 24 hours, 7 days per week. This may mean contacting the program supervisor and contacting an agency providing interpreters in order to solicit dates and times of availability. Client appointments will subsequently be based upon such availability and so arranged.

Specifically, when staff determine that an interpreter is required then the lead therapist, coordinator or supervisor is notified and the admission coordinator or therapy coordinator/supervisor completes the DCF assessment form (Client or Companion Communication Assessment and Auxiliary Aid/Service Record form CF 761, available in DCF Forms) sends it to the SPOC and uploads it to the EHR. The Clinical Coordinator/supervisor then contacts and directs the administrative director to hire interpreter and schedule for a specified number of times. So ultimately everything will flow through coordinator/supervisor to arrange and schedule. If interpreter does not show up to a scheduled session again the coordinator and administrative director is immediately notified, then the administrative director calls the company providing the interpreter to obtain a substitute if possible or to reschedule when not available within 2 hours.

2. When after conducting the communications assessment, staff determine that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the client or companion, staff shall consult with their supervisor, who will consult with the Vice President or SPOC. If it is agreed that denial is warranted, staff shall advise the person of the denial of the requested service and shall document in the client record the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. Staff shall provide the customer (and companion, if applicable) with a copy of the denial. Denial determinations can only be made by the Village Vice President or the SPOC.

3. Staff shall record the denial of the requested auxiliary aid or service on the Client or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms), submitted to the Village single point of contact. Staff also shall record the denial of requested service in the client's case file or medical chart. The completed assessment and waiver forms shall be uploaded to the client's record in the EHR. Notwithstanding the denial, staff shall nonetheless ensure effective communication with the Client or Companion by providing an alternate aid or service which must be documented on the above form and in the customer's file.

When the assistance is requested, will be provided, and is provided also is documented. First at admission and/or when the hearing/language assessment is first done, the assessment form is copied to the SPOC for retention and is uploaded to the client's EHR. The assistance provided is documented in the client chart progress note, including what occurs when an interpreter is used, in which case the timely (or not) appearance of the interpreter and how satisfactory the service was. This information is also provided at least monthly to the SPOC for inclusion in the monthly report to the State.

4. Training to provide auxiliary aids and services: All staff are required at to complete the DCF training modules at the time of hire and annual refresher training thereafter. All staff must complete the 3 DCF training modules. Supervisors are required to also complete the 4th module. Additionally, at the same times, all staff will be trained/retrained with regard to the Village procedures of assessing need and providing assistance when appropriate, such as consulting with supervisors and SPOC, coordinating interpreter at visit, and documenting whether service satisfactory.
5. The Village uses and disseminates to supervisors and the administrative director the DCF "Southern Region Resource Listing" and the "Southeastern Region Resource Listing" documents. These list approved ASL Interpreters and Foreign Language Interpreters, CART access and Relay Services. Additionally, the Admission office and administrative director have contact information needed to obtain Pocket Talkers.
6. The Westcare/Village accessibility/auxiliary aid plan(s) are posted to its website.



**AUXILIARY AIDS PLAN  
FOR PERSONS WITH DISABILITIES ADDENDUM**

<b>WESTCARE FLORIDA – THE VILLAGE SOUTH INC.</b>	<b>ALL PROGRAMS</b>
<b>ADDENDUM TITLE: FLORIDA STATEWIDE AUXILIARY AIDS AND SERVICE PLAN ADDENDUM</b>	
<b>PAGE: 1-1</b>	
<b>APPLICABLE STANDARDS:</b> <b>WESTCARE FOUNDATION INC.</b> <b>ALL APPLICABLE ACCREDITATION STANDARDS</b> <b>ALL APPLICABLE FEDERAL AND STATE LAWS</b> <b>FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STATEWIDE AUXILIARY AIDS AND SERVICE PLAN FOR PERSONS WITH DISABILITIES AND FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY</b>	
<b>APPROVAL:</b> <i>Richard E. Steinberg</i>	
<b>DATE OF SIGNATURE:</b> <i>10-17-18</i>	
<b>ORIGINAL EFFECTIVE DATE: 10/03/18</b>	

**FLORIDA STATEWIDE AUXILIARY AIDS  
AND SERVICE PLAN  
ADDENDUM**

**1. PURPOSE:**

To ensure that all programs existing as part of the WestCare Florida subsidiary of WestCare Foundation are aware of and follow the guidelines and expectations of the Florida Department of Children and Families Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and for Persons with Limited English Proficiency. This addendum with Florida specific expectations serves as an adjunct to WestCare’s Accessibility Policy and further addresses accessibility and accommodations for persons who are served within the state of Florida.

**2. ADDENDUM:**

The State of Florida has made a determination that all providers who are contracted with the State to provide direct services to clients (persons served) or customers or potential clients (persons served) or customers must be in compliance with the statewide plan. This addendum references the Statewide Plan in its entirety. Each region where WestCare Florida programs exist, as a subsidiary of WestCare Foundation Inc., is required to designate a person as the Single Point of Contact.

**3. REFERENCES:**

Florida Department of Children and Families Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and for Persons with Limited English Proficiency. The plan can be found at <http://www.myflfamilies.com/service-programs/deaf-and-hard-hearing/auxiliary-aids-plan>

WESTCARE FOUNDATION, INC.	AND ALL SUBSIDIARIES
POLICY TITLE: ACCESSIBILITY POLICY	
PAGES: 1 - 7	
APPLICABLE STANDARDS: WESTCARE FOUNDATION INC. ALL APPLICABLE ACCREDITATION STANDARDS ALL APPLICABLE FEDERAL AND STATE LAWS	
APPROVAL: <i>Robert J. Steinberg</i>	
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ORIGINAL EFFECTIVE DATE: 1/23/12	
REVISED DATE: 5/25/18; 09/28/18	

## ACCESSIBILITY POLICY

### PURPOSE:

Accessibility to services and operations is a key factor in optimizing the benefit of treatment services and enhancing the quality of life for persons served. WestCare is dedicated to taking all appropriate steps to remove architectural, environmental, attitudinal, financial, employment, communication, technology, transportation, community integration and any other barriers that may be identified. These steps include implementation of nondiscriminatory employment practices and meeting the expectations of stakeholders in the area of accessibility.

WestCare is committed to compliance with all appropriate legal and regulatory requirements related to accessibility that arise from, but not limited to, such sources as:

Equal Employment Opportunity,  
Affirmative Action,  
Older American's Act,  
Occupational Safety & Health Administration (OSHA),  
Americans with Disabilities Act  
Departments of Health, Corrections, Social Services, Juvenile Justice and Delinquency  
Prevention and other state agencies,  
Regional and local rules, regulations and Administrative Codes, and  
Other contractual requirements and obligations

Further, WestCare strives to reasonably accommodate all individuals, whether persons served, visitors, guests, personnel or other stakeholders who may have a documented disability. All requests for reasonable accommodations are identified, reviewed, decided upon and documented. WestCare promotes accessibility and the removal of barriers for the persons served and other stakeholders.

## **POLICY:**

It is the policy of WestCare Foundation and the leadership of all its subsidiaries to ensure compliance with all appropriate legal and regulatory requirements related to accessibility. By doing so, we also ensure that all persons served are provided the benefit of treatment or prevention services for and enhancing the quality of their lives and that visitors, guests, personnel and other stakeholders are reasonably accommodated.

## **RESPONSIBILITY:**

The leadership of WestCare Foundation Inc., and the leadership of its regional subsidiaries, at all levels, is responsible for ensuring that each person is served in compliance with this policy.

Leadership at all levels, in all subsidiaries, is responsible for establishing and maintaining procedures in each program or service offered by WestCare to support this policy.

The staff is responsible for adhering to agency policies and procedures when serving all persons.

### **1. FACILITY**

#### **ARCHITECTURAL AND PHYSICAL BARRIERS**

WestCare's physical facilities are continually being reviewed and the goal is for all physical facilities to meet the Americans with Disabilities Act standards. Plans for improvement, when reasonable and appropriate, are developed through the administration of the organization with the support and recommendations of the Board of Directors.

Leased premises or premises where services are provided under various agreements: When arrangements are made to lease a facility for use by WestCare, the facility must show evidence of compliance with local ordinances and codes as well as compliance or reasonable steps toward compliance with the Americans with Disabilities Act.

Accessibility of Facilities: In most WestCare program service areas, services are provided in facilities that are conveniently located and accessible to persons served, personnel, and the community-at-large. However, some areas are rural and accessible only by private transportation. Service providers are oriented to the requirement of providing services in an accessible manner to all persons served and other stakeholders. Accessibility is reviewed in local, regional and senior management meetings of the organization and is considered when applying for funding in order to build, remodel or improve our facilities.

### **2. ENVIRONMENTAL BARRIERS**

#### Services – days/hours:

The days and hours of operation are routinely scheduled to ensure maximum opportunity for persons served to access and receive services and may be scheduled at non-traditional hours depending on the program and the location. The hours and days of service are regularly reviewed by the management teams for availability to persons served, effectiveness and efficiency.

Services – terrain:

Some of WestCare’s programs are located in very rural and rustic environments and clients must be physically able to navigate the environment with accommodations as needed.

Services – neighborhoods:

Some of WestCare’s programs are located in urban/metropolitan areas where the program locations may be perceived as problematic. WestCare makes every effort to reduce the perception of a problematic location.

Services – décor:

WestCare is also concerned about the emotional impact of our locations and is focused on providing a décor that is pleasing, comfortable and trauma informed.

**3. ATTITUDINAL BARRIERS**

Addressing attitudinal barriers through continuous training in civil rights and cultural diversity begins with new employee orientation. When evidence exists of attitudinal barriers to employment or services, leadership promotes training and consultation through supervisors and human resources as appropriate. Disciplinary action is taken, as needed and appropriate, when violations are known to have occurred.

It is the practice of WestCare to participate in a multitude of events in the community to educate others and reduce the stigma often associated with substance abuse.

**4. FINANCIAL BARRIERS**

It is an expectation that we provide the highest quality services at the most reasonable cost keeping consistent with corporate solvency. To achieve this goal, WestCare aggressively seeks funding opportunities. Fees rates are established to cover both direct and indirect costs of providing services and programs. No person served is denied services solely on their inability to pay the total program fee and a sliding scale fee schedule is available.

**5. EMPLOYMENT BARRIERS**

Employment access to person’s representative of a diverse spectrum of cultures, races and genders is ensured through aggressive marketing of positions in multiple and varied media sources, supervisory training and regular review of policies, procedures, and practices. When possible, and as appropriate, the organization employs prior recipients of services. Regular feedback is obtained from persons served, family members, funding sources, regulatory bodies, and other representatives and agencies of the community through satisfaction surveys, suggestion boxes or feedback forms (for staff and clients), consumer advocacy groups, and other community representation.

WestCare continuously seeks to ensure that the employees, managers, and members of the Board of Directors represent the various populations served within the community.

**6. COMMUNICATION BARRIERS**

Interpretative services, e-mail, automated attendants, pagers, cellular phones, newsletters and the internet are some of the communication devices that are continuously reevaluated for increased and improved access.

Adaptive Devices and related equipment are available, or resources to such are available, to persons with special needs. Examples of such devices include telecommunication devices (TDD) to assist the hearing impaired/challenged; individuals to provide signing or translation services to assist those with hearing or language challenges; ramps to assist those with physical access barriers to name a few.

Persons served who have the below listed impairments or challenges will be served within all programs and services of WestCare to the extent it is safely possible to do so in the most appropriate manner at the respective WestCare facility:

1. Vision impaired and/or challenged persons,
2. Hearing impaired and/or challenged persons,
3. Literacy Deficiencies/Challenges such as non-literate or challenged,
4. Language Deficiencies/Challenges,
5. Sign language/oral interpreter, and
6. Physically impaired and/or challenged persons and
7. Developmentally Disabled persons will be served in WestCare programs that are specifically designed for this population or will be referred to a provider who can more appropriately meet their specific needs at the appropriate level of care,

Reasonable accommodations will be made to assist the person served to participate to the level possible. The respective program leadership and the person served will review the requirements/expectations and together determine the aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or prevention service, will be developed that will meet the person's needs.

Vision impaired and/or challenged persons:

A requirement that would be different for vision impaired and/or challenged persons would be the reading requirements of some program components. To accommodate this need, staff will do the following:

1. Read paperwork or assignments to the person served;
2. Provide the person served a tape-recorded reading assignment and a tape recorder.
3. Assign a buddy mentor to read or help clarify the assigned material to the person.
4. Gain access to technology that provides additional assistance to the person served

Mobility restrictions of a sight impaired/challenged person will be managed through the "buddy" system. A person served will be assigned a volunteer buddy to ensure that the sight impaired/challenged individual is escorted through the building and to services, thus providing access to program activities and services.

Literacy Deficiencies/Challenges:

Persons served who are non-literate and/or challenged will be served within all programs of WestCare. Reasonable accommodations will be made to assist the person served to participate to the level possible. The respective Program Administrator and/or Program Coordinator will



review with the person served and together determine the clinical and physical aspects of the service that may prove problematic for participation. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the persons needs in the respective modality of treatment. Depending on the type of program that the person served is admitted into, literacy support may be provided by activities such as tutoring through an adult literacy tutor.

Hearing Impaired and/or challenged persons and Sign language/oral interpreter:

There may be program requirements that could be difficult for hearing impaired and/or challenged persons to successfully participate in with their peers such as group therapy of some program components and communicating with staff. Program leadership will formally notify the person served of their right to have accommodations in order to assist them with a successful treatment experience. A qualified sign language and/or oral interpreter could be provided for the person served. Sign and oral interpreters that are certified and licensed can be arranged through The Deaf Services Center. Information about this and access to telecommunication devices is available through the leadership of the program. It is suggested that a hearing impaired person will be assisted and mentored in the respective program through the “buddy” system. A volunteer person served should be assigned to ensure that the hearing challenged person is included in all program activities, made aware of unsafe situations, and assisted upon personal request. See below about access to technology.

Language Deficiencies/Challenges

Persons served that are English or Spanish language impaired and/or challenged or groups of persons served from any other language that regularly seek services will be served within all programs of WestCare.

WestCare services and programs will provide written material in Spanish when needed. Interpreter services are available to assist the person served, if needed, when the command of any other language would not allow for full participation in the program and/or services.

**7. TECHNOLOGY**

Access to technology:

For those locations and programs that provide access to technology as part of the program services design, issues of accessibility also need to be considered. For example, programs that provide educational services such as school need to consider height of desks in order to accommodate a wheelchair bound person. Technology to support those who have difficulty hearing or seeing can be explored through Vocational Rehabilitation and other such sources of assistance in the local communities close to program sites.

**8. TRANSPORTATION BARRIERS**

Access to public transportation:

In most regions, WestCare’s physical facilities are accessible to public and private transportation as they are located on central public transportation routes, well marked, and conveniently located near major intersections for commuters. Each facility owned, leased or rented by the organization has information that describes access by public or private transportation. WestCare also often obtains grants that provide bus passes for persons served. Some rural areas are accessible only by private transportation.

WestCare Vans:

Additionally, transportation is provided to persons served and employees, as needed and/or as funding is available, to enhance and promote the availability of programs and services. The organization also provides a number of services through the use of vans and other vehicles, when possible, in an effort to take services to the community.

**9. COMMUNITY INTEGRATION**

For any treatment program, continuing care plans are developed in conjunction with the client, and successful re-integration back into their community is a primary focus. As a result, any issues pertaining to accessibility should also be addressed. It is the responsibility of WestCare staff to be attuned to the needs of the person served and ensure that an individualized plan is developed, it is appropriate to the needs of the person served, acceptable to that person and that the person served receives a copy of the plan.

In addition to the above list, WestCare Foundation Inc., and its subsidiaries also believes that leadership, as it relates specifically to accessibility, is also of importance. As a result the following are also addressed:

**10. LEADERSHIP**

Accessibility:

WestCare strives to model principles of accessibility and communication with leadership to all persons served as well as to the community-at-large. Communications are accessible to all employees and persons served through the use of periodically issued announcements, bulletins, our web site and social media presence and our open door policy.

Community Involvement:

WestCare actively encourages the involvement of staff and providers in community outreach and advocacy efforts. WestCare has appointed and/or ad hoc representatives on numerous professional and peer driven boards and organizations within the community. The purpose of doing so revolves around representing the needs of the persons served and ensuring the implementation of an organized continuum of care that addresses the needs of the various communities and individuals where our programs and services are located.

Leadership and staff diversity:

WestCare's staff and provider network reflects the diversity represented by the various communities where our programs and services are located. WestCare practices affirmative action in its recruitment, hiring and contracting efforts and actively works on retaining all employees in the organization.

**IN SUMMARY**, WestCare is active in its attempts to ensure that barriers to service are either non-existent or minimal. This occurs through various methods. WestCare identifies and addresses potential or real barriers through continual self-inspection of facilities, our Environment of Care Plan, Strategic Planning, our Incident Reporting System, Performance Improvement Plan, Accessibility Plan and regular management and programmatic meetings.

<b>WESTCARE FOUNDATION, INC.</b>	<b>ALL SUBSIDIARIES</b>
<b>POLICY TITLE: SERVICE ANIMAL POLICY</b>	
<b>PAGES: 1 - 4</b>	
<b>APPLICABLE STANDARDS:</b> WESTCARE STANDARDS CARF INTERNATIONAL STANDARDS APPLICABLE STATE REGULATIONS AMERICANS WITH DISABILITIES ACT (ADA) U.S. DEPARTMENT OF JUSTICE CIVIL RIGHTS DIVISION	
<b>APPROVAL:</b> <i>Richard E. Stanley</i>	
<b>DATE OF SIGNATURE: 8/4/21</b>	
<b>ORIGINAL EFFECTIVE DATE: 8/4/21</b>	
<b>REVISED DATE:</b>	

## Service Animal Policy

### **PURPOSE:**

To define the use and purpose of a support animal in any WestCare Foundation Inc. and subsidiary program.

### **POLICY:**

It is the policy of WestCare Foundation Inc. and all subsidiaries to ensure persons served with disabilities, including those who utilize service animals, have the same opportunity to participate and benefit from WestCare's services as all other persons served. Thus, it is WestCare's policy to allow appropriately trained service animals, accompanied by the persons served with disabilities, within any facility, including vehicles, while its handler is receiving services.

It is also the policy of WestCare Foundation Inc. and all subsidiaries to ensure that the service animal(s) do not interfere with others receiving services. All persons served are encouraged to discuss service animal concerns, allergies or phobias in regard to animals with program management. All clinical services will reasonably accommodate any noted concerns of the persons served and the service animal(s) will not obstruct services.

### **RESPONSIBILITY:**

The leadership of WestCare Foundation Inc., and the leadership of its subsidiaries, at all levels, is responsible for ensuring that each person is served in compliance with this policy.

Leadership at all levels, in all subsidiaries, is responsible for establishing and maintaining procedures in each program or service offered by WestCare to support this policy.

All personnel responsible for adhering to agency policies and procedures when performing their duties and responsibilities and serving all persons.

## **DEFINITIONS:**

Service Animal: Any dog or miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. The work or task a service animal has been trained to provide must be directly related to the person's disability. Examples of such work or tasks include:

1. guiding persons served who are blind
2. alerting persons served who are deaf
3. pulling a wheelchair
4. alerting and protecting a person served who is having a seizure
5. reminding a person served with mental illness to take prescribed medications
6. calming a person served with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or
7. performing other duties.

Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA. For example, emotional support animals, which provide emotional support, well-being, comfort, or companionship to an individual with disabilities, but are not trained to do work or perform tasks, are not considered to be service animals. In the event a person served requests an emotional support animal to accompany them while receiving treatment, the request will be reviewed by the program management and will be approved or denied at their discretion.

Miniature Horse: A horse ranging in height from 24 to 34 inches measured to the shoulders and generally weighing between 70 and 100 pounds. Miniature horses will be allowed dependent upon the following assessment factors:

- (1) Whether the miniature horse is housebroken.
- (2) Whether the miniature horse is under the owner's control.
- (3) Whether the facility can accommodate the miniature horse's type, size, and weight; and
- (4) Whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

## **PROCEDURE:**

1. Service animals are allowed to accompany any person served living with a disability in all areas of the facility where the public is allowed to go. (For example, it is inappropriate to exclude a service animal from areas such as client rooms or cafeterias, however, it may be appropriate to exclude a service animal from kitchens which may compromise a sterile environment.) Any site that prepares food must generally allow service animals in public areas even if state or local health codes prohibit animals on the premises.
2. Person's served with disabilities who use service animals may not be isolated from other persons served, treated less favorably than other persons served, or charged fees that are not charged to other persons served without animals.
3. A service animal must be under the control of its handler at all times. The service animal must be harnessed, leashed, or tethered, unless the person's served disability prevents using these devices or these devices interfere with the service animal's safe, effective performance of tasks. In that case, the person served must maintain control of the animal through voice, signal, or other effective controls.

4. When it is not obvious what service an animal provides, only limited inquiries are allowed. Personnel may ask two questions:

- a. is the dog a service animal required because of a disability
- b. what work or task has the service animal been trained to perform.

Personnel cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the animal, or ask that the animal demonstrate its ability to perform the work or task.

5. When a person served who is allergic to animal dander and a person served who uses a service animal must spend time in the same room or facility, for example, in residential, transitional living or shelter programs, they both should be accommodated.
6. Allergies and/or fear of animals are not valid reasons for denying access or refusing services to persons served who require service animals.
7. A person with a disability will not be asked to remove their service animal from the premises unless:
  - a. the dog is out of control and the handler does not take effective action to control it or
  - b. the dog is not housebroken

When there is a legitimate reason to ask that a service animal be removed, the Vice President, Program Director and/or designee must offer the person served with the disability the opportunity to obtain services without the service animal's presence.

8. Personnel are not required to provide care for or supervision of a service animal at any time. The handler is responsible for caring for and supervising the service animal, which includes

toileting, feeding, and grooming and veterinary care. Covered entities are not obligated to supervise or otherwise care for a service animal.