

**HOUSING FOR THE  
ELDERLY & ADULT  
DISABLED: MYTHS &  
REALITIES**

Housing &  
Mental Health  
Network  
Summit  
Tuesday,  
3/11/14

# MYTH #1

- “You accept disabled people, so you must know what the disabilities of your residents are.”
- **Reality:** Eligibility is determined by:
  - Income (Source & Amount)
  - Credit History
  - Age

# MYTH #2

- “If you meet the basic requirements, you should be able to move in.”
- **Reality:** Other factors can also preclude you from housing eligibility in properties for the elderly and disabled:
  - Poor Credit History
  - Negative Criminal Background
  - History of Evictions

# MYTH #3

- “Housing providers are never willing to bend the rules for people with special needs.”
- **Reality:** Reasonable accommodations are a regular part of the housing process. A reasonable accommodation is a physical or policy modification made to accommodate an individual with a disability, to prevent that disability from obstructing equal access to housing.

# MYTH #4

- “But if you offer reasonable accommodations, you must have to know what the specific disability is, I have to fill out forms with that information all the time.”
- **Reality:** Housing providers can only confirm a disability exists as indicated by the resident, that has created a need for accommodation. Thus, a medical provider could simply state: “yes, my patient has a disability that disables their ability to use stairs,” and never provide diagnosis, and that would be sufficient. Housing providers can NOT request diagnosis.

# MYTH #5

- “All properties that serve seniors and persons with disabilities offer on-site services and service coordination.”
- **Reality:** Housing providers are not required to provide services like transportation or activities, and service coordinators are not always present in housing for the elderly and disabled. Funding changes make these offerings increasingly more challenging for many providers to offer.

# MYTH #6

- “I should be able to get my patient/client into an apartment pretty easily right?! She’s heavily disabled, and there are high-rises all over the place.”
- **Reality:** Waits for affordable units are extensive, waitlists have little to do with the nature of disability, and you can expect in some buildings wait times a year or greater.

# MYTH #7

- “This place serves seniors, so if the ambulance comes... you should have a face sheet ready to provide the EMT. And how did your resident lay on the floor three days? Don't you people check on them!?”
- **Reality:** Housing providers do not always:
  - Keep face sheets for their residents like a facility would
  - Have 24/7 staff or volunteers to cover a front desk in the building
  - Housing providers DO NOT offer supervision or regular checks on residents.

# MYTH #8

- “If you have folks with mental illness, and the illness causes problem behaviors, can’t you just force them to go to treatment as a term of the lease?”
- **Reality:** Housing providers cannot tie treatment, medication adherence, or any other method of service to the lease. The lease pertains strictly to housing items.

# MYTH #9

- “If you know my patient has a special need beyond their control that causes a certain behavior that would be considered a lease infraction... you should bend that rule for him/her.”
- **Reality:** Housing providers have unique residents with unique needs, but are required to hold all residents to the same standards, and ensure all residents have “quiet, peaceful enjoyment” in their units.

# MYTH #10

- “If you know your tenant would be better off in an assisted or skilled facility, why don’t you just talk to him/her and his/her family?”
- **Reality:** Housing providers are not well positioned to inform a resident of the kind of housing that is best for them. Advising or forcing a resident to select an alternative living setting could be considered steering, which is illegal.