Introduction

The City of Baltimore (the “City”) must provide reasonable accommodations to persons with disabilities in order to give those persons an equal opportunity to live in the dwellings of their choice. The failure to make reasonable accommodations is a violation of federal law: the Americans with Disabilities Act (“ADA”) and the Fair Housing Act (“FHA”).

These Policies and Procedures explain the process that the Office of the Zoning Administrator (the “Office”) follows, and the standards that the Office uses, in order to provide reasonable accommodations to individuals with disabilities. In particular, these Policies and Procedures explain how the Office will evaluate requests by group homes or supportive homes to waive the Baltimore City Zoning Code’s definition of “family” (4 or fewer unrelated people) in order to locate in single-family dwellings.

These Policies and Procedures are intended as guidelines to assist the Office to provide reasonable accommodations. They also may be used to provide information to persons who request reasonable accommodations and to other members of the public.

These Policies and Procedures may be revised or supplemented in writing at any time, consistent with applicable law.

Definitions

For purposes of these Policies and Procedures:

1. “ADA” means Title II of the federal Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.

2. “City” means the City of Baltimore.


4. “Person with a disability” means any person who:
   a. has a physical or mental impairment that substantially limits one or more major life activities;
   b. has a record of having the impairment; or
   c. is regarded by others as having the impairment.
   d. The fact that a person is a registered sex offender does not make him or her a person with disabilities.
5. “Major life activity” means any task central to most people’s daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.


7. “Physical or mental impairment” includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

8. “Reasonable accommodation” means a modification or a waiver of zoning requirements, rules, policies, or practices if the modification or waiver is reasonable and necessary to give a person with disabilities an equal opportunity to use and enjoy a dwelling.

9. In the definition of “reasonable accommodation”:
   a. “Necessary” means that without the accommodation, the person would not be able to live in the dwelling of his or her choice.
   b. “Reasonable” means that the accommodation will not create an undue financial or administrative burden for the City and will not fundamentally alter the zoning scheme of the City.

   **Policies**

1. **Reasonable Accommodations Policy**

   The City is committed to providing, in accordance with the law, reasonable accommodations to persons with disabilities in order to give those persons an equal opportunity to live in the dwellings of their choice.

   The policy of the Office is to fulfill this commitment to provide persons with disabilities an equal opportunity to use and enjoy housing in the City.

2. **Authority and Duty to Provide Reasonable Accommodations**

   The following federal laws authorize and require the City to provide reasonable accommodations:

   a. **The FHA** makes it unlawful for the City to make unavailable or deny a dwelling to any person because of that person’s disability. 42 U.S.C. §3604(f). It is a violation of the FHA to refuse to make a reasonable accommodation when the accommodation is necessary to afford a person with disabilities an equal opportunity to use and enjoy a dwelling. *Id.*
b. The ADA makes it illegal for the City to discriminate against persons with disabilities or to deny persons the benefits of services, programs, or activities because of the persons’ disabilities. 42 U.S.C. § 12132. It is a violation of the ADA for a city to refuse to make a reasonable accommodation when the accommodation is reasonable and necessary to afford a person with disabilities an equal opportunity to use and enjoy a dwelling.

3. General Principles for Providing Reasonable Accommodations

a. The Office will grant a request for an accommodation whenever the accommodation is “necessary” and “reasonable.” (See Procedures section below.)

b. Accommodations should be evaluated on a fact-specific, case-by-case basis.

c. Providing reasonable accommodations is not an adversarial process. It is an interactive process between the Office and the person requesting the accommodation.

d. The Office respects individuals’ privacy. The Office will verify disability status, but it will not inquire into the nature or severity of a disability. Nor will the Office ask to see a person’s medical records. The Office will limit its disability inquiry to requiring the applicant to verify the disability status of current or future residents. (See Attachment #1.)

 Procedures

1. How to Evaluate a Request for a Reasonable Accommodation

a. If the Office determines that the following 3 statements are true, then it must grant the request for accommodation:

   i. The person or persons who will live in the dwelling are persons with disabilities.

   ii. The accommodation is “necessary.” (See Procedure #4 below.)

   iii. The accommodation is “reasonable.” (See Procedure #5 below.)

b. In order to grant a request, the Office will provide Attachment #4 (or a similar document) to the applicant.

c. In order to deny a request, the Office will provide Attachment #5 (or a similar document) to the applicant.
2. How to Make the Process Accessible

a. To make sure that the process for requesting accommodations is accessible, the Office will help persons who need assistance in requesting a reasonable accommodation. For example, if a person cannot read or use the application form (Attachment #1), the Office will help the person to provide the information required on the form so that the application can be evaluated.

b. Under Title 28, § 35.160 of the Code of Federal Regulations, the Office must “furnish appropriate auxiliary aids and services where necessary to afford an individual with a disability an equal opportunity” to make a request for a reasonable accommodation. For example, the applicant may request that written documents be provided in alternative formats (such as large print) or by alternate means (such as verbal communication).

3. How to Obtain More Information from the Applicant

a. If the Office needs more information to evaluate a request, it may require the applicant to supply the additional information.

b. To obtain additional information, the Office may:

   i. request the information in writing using Attachment #2 (or a similar written request);

   ii. meet with the applicant in person or by telephone or an equally effective means of communication; or

   iii. inspect the dwelling that is subject to the request to ensure that granting the request will not violate the minimum space and maximum occupancy requirements that are applied to similarly-sized single-family dwellings. If an inspection of the dwelling is needed, use Attachment #3 (or similar request) to arrange the inspection.

c. The Office may verify the applicant’s disability status using the application form (Attachment #1), but the Office may not request the applicant’s medical records or any specific information about the nature or severity of the applicant’s medical condition.

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1 The space and occupancy requirements are found at Chapter 4 of the City’s Property Maintenance Code (PMC). The City’s PMC incorporates various provisions of the International Property Maintenance Code (IPMC). Both the PMC and the IPMC may be accessed at the Department of Legislative Reference, City Hall, 6th Floor, 100 N. Holliday St., Baltimore, MD 21202.
d. When the request is made by the owner/operator of a state-licensed group home or unlicensed supportive home that persons with disabilities occupy or will occupy, the Office may not request the occupants’ medical records or other specific information about the nature or severity of their medical conditions. However, the Office may verify the occupants’ disability status using the application form (Attachment #1).

4. Guidelines for Determining “Necessity”

a. The accommodation is “necessary” if, without the accommodation, the person with a disability would not have an “equal opportunity” to live in the dwelling of his or her choice.

b. A person would not have an “equal opportunity” to live in a dwelling if, without the accommodation:
   
   i. the person would be excluded from a neighborhood; or
   
   ii. the person would have less of an opportunity to live in the neighborhood or the particular dwelling than persons who do not have disabilities.

c. Example: If a person would not be able to live in a single-family dwelling without the accommodation, then the accommodation is “necessary.”

d. See Procedures #6 and #7 below for additional considerations regarding state-licensed group homes and unlicensed supportive homes.

5. Guidelines for Determining “Reasonableness”

a. An accommodation is “reasonable” if it:
   
   i. does not create an “undue financial or administrative burden” for the City; and
   
   ii. will not “fundamentally alter” the zoning scheme of the City.

b. “Undue Burden” Analysis
   
   i. To determine whether the accommodation will create an “undue financial or administrative burden,” consider whether it will cause significant and identifiable financial costs to the City.

   ii. A waiver or modification of zoning requirements generally is not an “undue burden” if it does not impose any concrete, identifiable financial costs on the City. For example, waiving the definition of “family” to allow more than 4 unrelated persons to live in a single-
family dwelling generally will not cause any “undue burden” on the City.

iii. The undue burden analysis should not be based on anecdotal evidence or generalizations. For example: the belief that residences for persons with disabilities need more emergency services than other residences is not a valid reason to conclude that an accommodation would cause an undue burden.

c. “Fundamental Alteration” Analysis

i. An accommodation is unreasonable under the “fundamental alteration” test if it would substantially change the nature of the zoning scheme.

ii. This is a fact-specific, case-by-case determination.

iii. The United States Department of Justice and Department of Health and Human Services have explained that “[w]hat is ‘reasonable’ in one circumstance may not be ‘reasonable’ in another” and have provided the following examples:

1. “[S]uppose a local government does not allow groups of four or more unrelated people to live together in a single-family neighborhood. A group home for four adults with mental retardation would very likely be able to show that it will have no more impact on parking, traffic, noise, utility use, and other typical concerns of zoning than an ‘ordinary family.’ In this circumstance, there would be no undue burden or expense for the local government nor would the single-family character of the neighborhood be fundamentally altered.”

2. “By contrast, a fifty-bed nursing home would not ordinarily be considered an appropriate use in a single-family neighborhood, for obvious reasons having nothing to do with the disabilities of its residents. Such a facility might or might not impose significant burdens and expense on the community, but it would likely create a fundamental change in the single-family character of the neighborhood.”

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iv. A general belief based on stereotype or speculation that a home for persons with disabilities will change the residential character of a neighborhood is not a valid reason to conclude that allowing the home would “fundamentally alter” the zoning scheme.

d. See Procedures #6 and #7 below for additional considerations concerning state-licensed group homes and unlicensed supportive homes.

6. Special Considerations: State-Licensed Group Homes

a. The State of Maryland licenses a variety of “group homes” or residential facilities for persons with disabilities.

b. Attachment #6 is a chart describing some common types of residential facilities that are licensed by the State.

c. The following types of state-licensed facilities must be permitted as of right in all districts in which single-family residences are permitted:

   i. a group home for the developmentally disabled with 8 or fewer residents;

   ii. a group home for persons with mental disorders that has 8 or fewer residents; and

   iii. a therapeutic group home for children with 8 or fewer residents.

d. When a state-licensed home asks for a reasonable accommodation to locate in a single-family dwelling even though it has more than 4 residents (in violation of the Zoning Code’s definition of “family”), the following considerations apply:

   i. The home might be entitled to be treated as a single-family dwelling under state law. (See Procedure #6(c) above.) If so, the home must be allowed to locate as of right wherever a single-family would be able to locate. No further “reasonable accommodation” analysis is necessary.

   ii. Other types of state-licensed group homes also might be entitled to a reasonable accommodation allowing them to locate in single-family dwellings. (See Procedure #7(d) – (g) below for guidelines on when to waive the “family” definition for a group home).

7. Special Considerations: Supportive Homes (Unlicensed)

a. A supportive home is a residence in which unrelated persons with disabilities live together for support and function as a household unit. A supportive home does not require State licensure.
b. An example of a supportive home would be an Oxford House for individuals recovering from drug or alcohol abuse.

c. A supportive home might ask for a reasonable accommodation to locate in a single-family dwelling even though it has more than 4 residents (in violation of the definition of “family”).

d. A waiver of the 4-person “family” definition is “necessary” (under the reasonable accommodation analysis) if the facility needs more that 4 residents in order to:
   i. be financially viable; or
   ii. have a therapeutic benefit.

e. Financial Viability
   i. The home may establish that the accommodation is “necessary” through evidence that it must maintain a certain minimum level of occupancy for its own financial viability.
   ii. For example:
      1. the home could establish that 7 residents are required in order to allow the home operator to recover the costs of purchasing and renovating the home and the costs of operating the home; or
      2. the home could establish that it operates under a grant or loan that requires it to have a minimum number of residents.

f. Therapeutic Benefit
   i. The home may establish that the accommodation is “necessary” if the number of residents requested serves a therapeutic purpose.
   ii. For example, the home may demonstrate that having 8 people is therapeutically beneficial to the residents because it allows for an appropriate level of social interaction and support.

g. The following factors do not justify denying a request to waive the “family” definition:
   i. neighbors’ opposition to the home;
   ii. generalized concerns about the “safety” of the residents;
iii. the fact that the home is a business;

iv. the existence of alternative neighborhoods or dwellings in which the home could locate;

v. a sense that a neighborhood or street already has its “fair share” of state-licensed or supportive homes;

vi. concerns that the home’s presence will increase crime or other socially disruptive behavior; or

vii. concerns that the home’s presence will decrease property values in the neighborhood.
Attachment #1

Application Form to Request a Reasonable Accommodation

A reasonable accommodation is any modification of a zoning rule, policy, or practice if that modification is reasonable and necessary in order to give a person with disabilities\(^*\) an equal opportunity to use and enjoy a dwelling in the City of Baltimore.

If you believe that you need a reasonable accommodation to live in a dwelling, or so that persons with disabilities may live in a dwelling that you own or operate, please complete this application form and return it to the Zoning Administration at 417 E. Fayette Street, Room 147, Baltimore, MD 21202. Please attach additional pages if necessary. If you have questions or need assistance, please call the Zoning Administration at 410-396-4126.

Name and Contact Information of Applicant:

Name: ____________________________

Address: ____________________________

Telephone: ____________________________

Alternate Telephone: ____________________________

Are the people who will live at the dwelling persons with disabilities?  __Yes.  __No.  If you answered yes, you must submit the verification of disability status form below.

Please describe the accommodation that you need.  What rules or policies would you like the City to waive for the dwelling?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why do you need the accommodation?  In other words, why is the accommodation necessary in order for persons with disabilities to live in the dwelling?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

\(^*\) A person with disabilities is anyone who has a physical or mental impairment that limits a major life activity, such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, or working.  Anyone who has a history of an impairment that limits a major life activity also is a person with disabilities.
Is the dwelling licensed or certified by the State of Maryland? If so, please identify the type of license or certificate and attach a copy of it.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide the following information if you are requesting an accommodation in order to house more than 4 unrelated people in a single-family dwelling:

Number of residents who will live in the dwelling: _________________________
Number of staff who will serve the dwelling: _____________________________
Anticipated number of vehicles used by residents and staff: _________________
Square footage of the dwelling: _______________________________________
Number of bedrooms in the dwelling: ___________________________________

For each bedroom, please state the square footage of the room and the number and size of each window:
   Bedroom #1: _______________________________________________________
   Bedroom #2: _______________________________________________________
   Bedroom #3: _______________________________________________________
   Bedroom #4: _______________________________________________________
   [Please attach additional sheets if needed.]

Is the number of residents necessary in order for the dwelling to be financially viable? If so, please explain why.

_____________________________________________________________________
_____________________________________________________________________

Is the number of residents necessary for the dwelling to be therapeutically beneficial for the residents? If so, please explain why.

_____________________________________________________________________
_____________________________________________________________________

I affirm under penalty of perjury that the information provided in this application is true and accurate:

Signature: ______________________

Date: ______________________
Verification of Disability Status

[This verification form must be completed by someone who knows about the individuals’ disabilities.]

Definitions:

Federal law provides that “persons with disabilities” are persons who: (1) have any “physical or mental impairment” that substantially limits one or more “major life activities”; (2) have a record of having the impairment; or (3) are regarded by others as having the impairment.

A “major life activity” is any task central to most people’s daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A “physical or mental impairment” includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Verification:

To the best of my knowledge, information, and belief, the person(s) who occupy (or who will occupy) the dwelling that is subject to the above request for a reasonable accommodation __do __ do not meet the definition of “persons with disabilities.” I am in a position to know about the person(s)’ disabilities because __________________________
________________________________________________________________________
_______________________________________________________________________.

(For example, are you a medical or social services professional, part of a peer support group that serves the person(s), or someone who resides with the person(s)?)

[NOTE: Please do NOT reveal the nature or severity of the persons’ disabilities.]

I affirm under penalty of perjury that the information provided in this application is true and accurate:

_________________________________
Print name

__________________________________
Signature  Date

_________________________________
Address and Telephone Number
Attachment #2

Letter to Request Additional Information from the Applicant

[Letterhead]

[Date]

[Name]
[Address]

Re: [address of the dwelling]

Dear [____________]:

This office has received your request for a reasonable accommodation, which was dated [______]. We need the following additional information from you in order to evaluate your request:

[List information that is needed].

We need this information so that we can determine [state reason information is needed]. Please send the information to this office by [fax, mail, etc.].

If you believe that you already have provided the information or that we should not ask for it, please contact us at 410-396-4126.

Please provide the information within 30 days (by [date]). Within 30 days of receipt of the information, we will notify you about whether we grant your request for an accommodation. Please note that your failure to provide the information in a timely manner could result in a denial of your request.

[closing and signature]
Letter to Schedule an Inspection of the Dwelling Regarding Space and Occupancy Requirements

[Letterhead]

[Date]

[Name]
[Address]

Re: [address of the dwelling]

Dear [_____________]:

This office has received your request for a reasonable accommodation, which was dated [______].

We need to inspect the dwelling that is the subject of your request. An inspection is necessary so that we can determine whether the dwelling will violate minimum space and maximum occupancy requirements if the accommodation is granted. The inspection will involve a verification of square footage, light, and ventilation.

We will inspect the dwelling on [date and time]. If the inspection cannot take place at that time, please contact us at 410-396-4126 to reschedule.

Please note that it is your responsibility to make sure that the inspector can access the dwelling at the scheduled time. Your failure to make the dwelling available for inspection could result in a denial of your request. Within 30 days of the inspection, we will notify you about whether we grant your request for an accommodation.

[closing and signature]
Attachment #4

Letter to Grant a Request for a Reasonable Accommodation

[Letterhead]

[Date]

[Name]
[Address]

Re: [address of the dwelling]

Dear [______________]:

You submitted a request for a reasonable accommodation to this office on [date]. A copy of your request is attached for your reference.

This office approves your request. The accommodation that you requested, and that we approve, is as follows: [describe the accommodation].

Please contact us at 410-396-4126 if you have any questions.

[closing and signature]
Attachment #5

Letter to Deny a Request for a Reasonable Accommodation

[Letterhead]

[Date]

[Name]
[Address]

Re: [address of the dwelling]

Dear [____________]:

You submitted a request for a reasonable accommodation to this office on [date]. A copy of your request is attached.

This office denies your request because we find that [choose all that apply]:

__ The people who will live at the dwelling are not persons with disabilities

__ The accommodation that you requested is not necessary in order for a person with disabilities to have an equal opportunity to live in a dwelling or his or her choice.

__ The accommodation is not reasonable because it would create an undue administrative or financial burden for the City.

__ The accommodation is not reasonable because it would fundamentally alter the zoning scheme of the City.

We made this decision because [explain]. We relied on the following information to reach our decision: [list relevant information]. If we have denied your application based on noncompliance with provisions of the City Code (such as occupancy, ventilation, or parking rules) and you wish to request a waiver of those provisions, please contact us at 410-396-4126.

This decision constitutes a final decision that may be appealed directly to the United States Department of Housing and Urban Development (phone number: 1-888-799-2085) or a court of competent jurisdiction.

Please contact us at 410-396-4126 if you have any questions.

[closing and signature]
## Attachment #6

### Common Types of State-Licensed “Group Homes”

<table>
<thead>
<tr>
<th>Type of Home</th>
<th>Brief Description</th>
<th>Licensing Authority</th>
<th>Special Requirements Regarding Zoning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Home for Individuals with Developmental Disabilities</strong>&lt;br&gt;Md. Code Ann., Health Gen. § 7-101 et seq.</td>
<td>A residence that:&lt;br&gt;(1) Provides residential services for individuals who, because of developmental disability, require specialized living arrangements;&lt;br&gt;(2) Admits at least 4 but not more than 8 individuals; and&lt;br&gt;(3) Provides 10 or more hours of supervision per home, per week.</td>
<td>A license must be obtained from the Developmental Disabilities Administration.</td>
<td>A public or non-profit group home for individuals with developmental disability:&lt;br&gt;(1) Is deemed conclusively a single-family dwelling;&lt;br&gt;(2) Is permitted to locate in all residential zones; and&lt;br&gt;(3) May not be subject to any special exception, conditional use permit, or procedure that differs from that required for a single-family dwelling.</td>
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<tr>
<td><strong>Private Group Home for Individuals with Mental Disorders</strong>&lt;br&gt;Md. Code Ann., Health Gen. § 10-514 et seq.</td>
<td>A residence in which individuals who have been or are under treatment for a mental disorder are provided with care or treatment in a homelike environment. This does not include:&lt;br&gt;(1) Any facility that is owned by or leased to this State or any public agency; (2) Any facility that is regulated by the Department of Juvenile Services; (3) Any facility that is regulated by the Mental Retardation and Developmental Disabilities Administration; (4) Any facility that is organized wholly or partly to make a profit; or (5) A foster home that is the domicile of the foster parent.</td>
<td>A license must be obtained from the Secretary of Health and Mental Hygiene.</td>
<td>A small private group home (4-8 residents):&lt;br&gt;(1) Is deemed conclusively a single-family dwelling; and&lt;br&gt;(2) Is permitted to locate in all residential zones. A large private group home (9-16 residents) is deemed conclusively a multi-family dwelling and is permitted to locate in zones of similar density. A private group home may not be subject to any special exception, conditional use permit, or procedure that</td>
</tr>
<tr>
<td><strong>Type of Home</strong></td>
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<td><strong>Special Requirements Regarding Zoning</strong></td>
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<tr>
<td>Small Private Group Home</td>
<td>A “small private group home” means a private group home that admits at least 4 but not more than 8 individuals. A “large private group home” means a private group home that admits at least 9 but not more than 16 individuals.</td>
<td>differs from that required for a single-family dwelling or a multi-family dwelling of similar density in the same zone.</td>
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<tr>
<td>Therapeutic Group Home for Children and Adolescents</td>
<td>A small private group home for individuals with mental disorders (as described above) that provides residential child care, as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents.</td>
<td>A license must be obtained from the Secretary of Health and Mental Hygiene.</td>
<td>A therapeutic home for children or adolescents: (1) Is deemed conclusively a single-family dwelling; and (2) Is permitted to locate in all residential zones. It may not be subject to any special exception, conditional use permit, or procedure that differs from that required for a single-family dwelling of similar density in the same zone.</td>
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<tr>
<td>Child Care Home</td>
<td>A home that exercises care, custody, or control over a child who is alleged or adjudicated as delinquent or in need of supervision.</td>
<td>A license must be obtained from the Department of Juvenile Services.</td>
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<tr>
<td>Certified Adult Residential Environment (“CARE”) Home</td>
<td>A home that: (1) Provides a resident with a supportive housing arrangement, help in reaching community resources, and protective oversight; and (2) Is licensed or has an application pending for licensure and has not been denied a license as an “assisted living program.”</td>
<td>A certificate must be obtained from the Baltimore City Department of Social Services. In addition, an assisted living license must be obtained from the Secretary of Health and Mental Hygiene.</td>
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<td>Assisted Living Program</td>
<td>A residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination thereof that meets the needs of individuals who are unable to perform or who need assistance in performing the activities of daily living or instrumental activities of daily living in a way that promotes optimum dignity and independence for the individuals.</td>
<td>A license must be obtained from the Secretary of Health and Mental Hygiene. The Secretary issues a license for a specified number of beds and a specified level of care.</td>
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<tr>
<td>Halfway House</td>
<td>Halfway houses offer treatment services directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration. Patients meet the current edition of the American Society of Addiction Medicine Patient Placement Criteria, or its equivalent as approved by the Alcohol and Drug Abuse Administration, for this level of treatment, and they are capable of self-care but not ready to return to family or independent living.</td>
<td>The program must be certified by the Department of Health and Mental Hygiene.</td>
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<tr>
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<td><strong>Long Term Residential Care</strong></td>
<td>A long-term residential care program provides a structured environment in combination with medium intensity treatment and ancillary services. Patients meet the current edition of the American Society of Addiction Medicine Patient Placement Criteria, or its equivalent as approved by the Alcohol and Drug Abuse Administration, for this level of treatment; are chronic alcohol or other drug dependent individuals; do not need skilled nursing care; may have a history of multiple admissions to alcohol or drug abuse or dependence programs as defined in COMAR 10.47.01; may have physical and mental disabilities as a result of prolonged alcohol or other drug use; and have been identified as individuals for whom a controlled environment and supportive therapy are necessary for an indefinite period of time.</td>
<td>The program must be certified by the Department of Health and Mental Hygiene.</td>
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<tr>
<td><strong>Therapeutic Community</strong></td>
<td>A therapeutic community program provides a highly structured environment in combination with moderate to high intensity treatment and ancillary services; and is characterized by its reliance on the treatment community as a therapeutic agent. Patients meet the current edition of the American Society of Addiction Medicine Patient Placement Criteria, or its equivalent as approved by the Alcohol and Drug Abuse Administration, for this level of treatment; and require a phased, self-contained, residential treatment program.</td>
<td>The program must be certified by the Department of Health and Mental Hygiene.</td>
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</table>
How Do I Request a Reasonable Accommodation?

*If at any time you have questions, please contact the Zoning Administration at 410-396-4126. You also may wish to contact an attorney.

**Step 1: Getting Started**

1. Obtain an application form from the Zoning Administration at 417 E. Fayette Street, Room 147, Baltimore, MD 21202. The phone number is 410-396-4126.

2. To fill out the application, you will need:
   - Your contact information;
   - The number of individuals who will live in the house;
   - The reason that the number of individuals is necessary for the home to operate;
   - If the house is licensed or certified by the State of Maryland, a copy of the documentation;
   - The number of staff (if any);
   - The anticipated number of vehicles used by residents and staff;
   - The square footage of the dwelling;
   - The number of bedrooms in the dwelling;
   - For each bedroom, the size of the room and the number and size of the windows in the room; and
   - A form providing verification of disability status.

3. Mail or take the completed application to the Zoning Administration at 417 E. Fayette Street, Room 147, Baltimore, MD 21202.

**Step 2: What Happens After You Submit Your Application?**

1. The Zoning Administration may ask for more information. You must provide the information within 30 days.

2. The Zoning Administration may ask to inspect the property to verify that granting the request will not result in a violation of minimum space and maximum occupancy requirements.

3. The Zoning Administration will grant or deny your request within 30 days after receiving the additional information or inspecting the dwelling.

4. If your application is denied, the Zoning Administration will give you an explanation.

**Step 3: What if Your Application is Denied?**

1. Talk to the Zoning Administration about anything you can do to change the decision.

2. If your house does not meet parking, occupancy, ventilation, or other standards, you may ask the Zoning Administration to waive those standards.

3. Without going through any other process, you may appeal the decision to the United States Department of Housing and Urban Development by contacting the regional office at (215) 861-7646, TTY (215) 656-3450, or toll-free at 1-888-799-2085.