

SOUTHWINDS AT THE MOORINGS

c/o Keystone Property Management
780 US Highway 1, Suite 300
Vero Beach, FL 32962
772-569-7928 (ph) 772-978-9273 (fax)

STATEMENT OF ASSOCIATION POLICY

Effective Date: January 24, 2017

Subject: Service/Assistive Animals in Southwinds Condominiums

Policy:

The Association has made provisions for unit owners/lessees who have a medically documented need for an assistive or service animal to assist them with their quality of life at Southwinds.

The decision ultimately will be made by the Southwinds Board of Directors upon completion of the following procedure.

1. The owner/lessee must submit the following completed forms to the Association:
 - a.) A written application to the Association pursuant to the form "Assistive/Service Animal Application".
 - b.) A "Verification of Medical Necessity" form completed by a licensed professional.
 - c.) Letterhead or prescription form showing the credentials of the professional.
 - d.) Written proof that the assistive/service animal is licensed and vaccinated as required by the Animal Control Regulations pursuant to the Indian River County Ordinances and Florida State Statutes.
2. When the written application has been submitted, along with the required documentation, **and if written approval has been given by the Board of Directors and a Certificate of Approval for Service of Assistive Dog at Southwinds has been issued**, the unit owner/lessee may then be permitted to bring the animal onto condominium property and the condominium unit.
3. An approved service/assistive application **must be updated annually (January 1st)**.
4. At all times, when the service/assistive animal is out of the unit on condominium property, the animal must be held by a collar and leash, not to exceed 10' in length, or under voice, signal or other effective controls, and no assisting animal is permitted in the "bowl" or pool areas at any time.
5. The individual accompanying the animal while out of the unit must clean up after the animal. The unit owner/lessee is ultimately responsible for this task.
6. The unit owner/lessee must assume responsibility that the animal does not become a nuisance.

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7. The unit owner/lessee is financially responsible to the Association for any property damage caused by the animal.
8. There is no exercise area on condominium property.
9. The unit owner/lessee must follow this procedure for their visitors and guests.
10. Any violation of this policy may result in action by the Southwinds Board of Directors for the well-being and safety of all Southwinds residents.

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SERVICE/ASSISTIVE ANIMAL REQUIREMENTS INFORMATION SHEET

The following information is meant to clarify the laws and assist people who want to apply for permission to have a service/assistive animal on Southwinds condominium property.

Section 12.3.A.1 of the Southwinds Documents states dogs are not permitted in the condo buildings. An exception can be made for disabled persons under the Federal ADA (Americans with Disabilities Act) and FHA (Fair Housing Act) laws for a service or assistive animal.

The ADA governs the use of **service** animals by persons with disabilities in public areas.

The FHA governs the use of **assistive** animals needed as a reasonable accommodation in residential housing.

In brief, a service animal is a dog individually trained to do work or perform tasks for the benefit of a disabled person and is needed when the individual is in a public area. An assistive animal provides disability related functions similar to that of a service animal but they also can provide other support to those disabled persons who need that support. An assistive animal would be present in the home. Each applicant must decide whether their need is for a service animal or an assistive animal and apply accordingly.

If the required standards for disability and service/assistive animal are not met, or if applicants do not have proper documentation to prove that the animal is necessary, the Association will deny the request in order to prevent a violation of the Declaration of Condominium.

An application for a service/assistive animal must be submitted along with all documentation required to support the approval of a service/assistive animal. (See Service/Assistive Animal Application Process). Any guest or visitor must also meet these standards before their service or assistive animal is allowed on condominium property.

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SERVICE/ASSISTIVE ANIMAL MEDICAL NECESSITY VERIFICATION FORM

NOTICE: Federal laws (under the ADA and FHA) have specific requirements for an accommodation to be made for an assistive animal or service animal. The individual must have a physical or mental impairment that substantially limits one or more major life activities. This means that they are unable to perform or are significantly restricted in their ability to perform major life activities such as walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. There must also be a relationship between the disability and the requested animal and a relationship between the individual and the ability of the animal to alleviate the individual's disability. If the individual requires an animal to accompany them in public areas which are open to the public at large, they require a service animal. According to the ADA (which governs public area accommodations), a service animal is not a pet, must be a dog, and must be trained to perform the necessary task(s) needed for the disability. There are no such restrictions for an assistive animal in non-public areas.

The following is a list of questions that must be answered completely. Your answers will provide the Board the information necessary to fully analyze the individual's claimed disability and the necessity for an accommodation. In lieu of answering each question below, you are permitted to attach the individual's medical records from which the answer can be derived. By completing this form, you are verifying that the individual fulfills all the necessary requirements.

1. What is the exact nature of the individual's impairment(s) that necessitates the request for a reasonable accommodation?

2. How long have you been treating the individual for the impairment(s) described above in Question No. 1?

3. When was the individual initially diagnosed with the impairment(s) described above in Question No. 1, and by whom?

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4. What major life activities are substantially limited by the impairment(s) described above in Question No. 1, and how are the major life activities so limited?

5. What is the relationship between the impairment(s) described above in Question No. 1 and the assistive animal making the reasonable accommodation necessary for the individual?

6. Please describe your education, experience, and training in assessing the need for and prescribing an assistive or service animal as a treatment option for the impairment(s) described in Question No. 1.

7. Have you rendered any opinions to the individual that their impairment is permanent or temporary? If so, when were those opinions rendered and what was the prognosis reached by you?

Please attach a prescription sheet or letterhead to verify your credentials as the diagnosing professional.

By signing below, I signify that I have read and understand the Summary FHA and ADA Guidelines and Requirements for Service/Assistive Animals. I further agree and attest that the information provided herein is true and accurate to the best of my knowledge.

Printed Name _____

Office Address _____

Signature _____ Date _____

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ASSISTIVE/SERVICE ANIMAL APPLICATION

Unit Owner Name _____

Unit #: _____ Telephone: _____

Circle Description of Animal: Assistive Service

Name _____ Weight _____

Breed _____ Sex _____

Attachments:

- Medical Necessity Form
- Credentials of licensed professional
- Documents of licensing and vaccination

I/We have read and understand the Policy for Assistive/Service Animals, the Information Sheet, the Definitions and Requirements, the Rules and Regulations, and agree to abide by the Declarations of Condominium and the Bylaws therein.

Unit Owner/Lessee Signature

Date

Association Use Only – Below

Date Received _____ Date Approved/Not Approved _____

By _____ Title _____

By _____ Title _____

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AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION UNDER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

1. The undersigned patient named below hereby executes this authorization in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), 45 CFR 164.104.
2. This authorization is directed to the agency or physician stated above in the Medical Necessity Form (including its agents, employees and associates).
3. The above-named agency or physician is requested to release the protected health information that is described below, to the following: **Southwinds at the Moorings Condominium Association, Inc. and its agents, employees, directors, officers, and attorneys.**
4. **THIS AUTHORIZATION IS SPECIFIC TO THE RELEASE OF RECORDS AND MEDICAL INFORMATION OR DOCUMENTATION OF ANY KIND NECESSARY TO COMPLETE THE MEDICAL NECESSITY FORM ABOVE AND FOR PURPOSES OF OBTAINING A REASONABLE ACCOMODATION UNDER THE FHA OR ADA.**

REQUIRED DISCLOSURES – 45 CFR 164.508(c)

- A. The Protected Health Information is being used or disclosed for the following purposes: to complete the Medical Necessity Form above for purposes of obtaining a reasonable accommodation under the FHA or ADA.
- B. This authorization may be revoked by a signed and properly dated written revocation, delivered to the healthcare provider named above, provided that this release cannot be revoked as to protected health information has been previously released in reliance on this document.
- C. The undersigned acknowledges that a refusal to sign this form will not result in a denial of health care by the hospital or any other health care provider and that this release has not been coerced by a health care entity or any of its business associates.
- D. I understand that the Health Care Center disclosing information pursuant to this authorization can not condition treatment, payment, enrollment, or eligibility for benefits on my signing this authorization.
- E. The undersigned acknowledges that once the PHI is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the federal privacy regulations and will no longer be protected by HIPAA,
- F. This authorization is effective for THIS REQUEST FOR A MEDICAL NECESSITY FORM ONLY and EXPIRES 90 days from the date below.

Signature

Date

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SUMMARY FHA GUIDELINES FOR AN ASSISTIVE ANIMAL

Disability

Any person who has a physical or mental impairment that substantially limits one or more life activities; has a record of such impairment; or is regarded as having such impairment is considered disabled. In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

In order for a requested accommodation to qualify as a reasonable accommodation, the requestor must have a disability, and the accommodation must be necessary to afford a person with a disability an equal opportunity to use and enjoy a dwelling. To show that a requested accommodation may be necessary, there must be identifiable relationship, or nexus, between the requested accommodation and the person's disability. An individual with a disability must demonstrate a nexus between his or her disability and the function the assistive animal provides.

Housing providers are entitled to verify the existence of the disability and the need for the accommodation. Accordingly, persons who are seeking a reasonable accommodation for a disability that is not readily apparent may be required to provide documentation from a physician, psychiatrist, licensed mental health counselors, licensed clinical psychologists, licensed social workers, license marriage and family therapists, or other mental health professional that the animal provides support that alleviates at least one of the identified symptoms or effects of the existing disability.

Documentation of Disability

Therefore, the individual must submit proof of the disability. A licensed health professional must complete a Medical Verification Form along with proof of their professional credentials.

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Assistive Animal

Certain animals provide assistance and support or perform tasks for the benefit of a person with a disability. Such animals, often referred to as “assistance animals” or “service animals” or “therapy animals”, provide disability related functions including, but not limited to, guiding visually impaired persons, alerting hearing-impaired persons to sounds and noises, providing protection or rescue assistance, pulling a wheelchair, seeking and

retrieving items, alerting individuals of impending seizures, and providing emotional support to persons who have a disability related need for such support. Assistive animals do not necessarily need training to ameliorate the effects of a person’s mental or emotional disabilities.

Assistive Animal Document Requirements

The individual must submit written proof that the assistive animal is licensed and vaccinated as required by the Animal Control Regulations pursuant to the Indian River County Ordinances and Florida State Statutes.

Care of Assistive Animals

Individuals with disabilities using assistive animals as an accommodation are responsible for their animal at all times. Use of the animal may not constitute a direct threat to the health and safety of others. The individual is responsible for the health of the animal, including the sanitary disposal of animal waste; any property damage caused by the animal; the behavior of the animal, and for due diligence in the use of the animal.

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SUMMARY

ADA GUIDELINES FOR AN ASSISTIVE ANIMAL

Disability

An individual with a disability means a person who is deaf, hard of hearing, blind, visually impaired or otherwise physically disabled. Physically disabled means any person who has a physical impairment that substantially limits one or more major life activities.

A person must establish **three** elements:

1. that he/she has a physical or mental impairment.
 - a. A physical or mental impairment means
 - i) Any physiological disorder, or condition
 - ii) Any mental or psychological disorder
2. that substantially limits
 - a. "Substantially limits" means
 - i) Unable to perform a major life activity that the average person in the general population can perform; or
 - ii) Significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.
3. one or more major life activities
 - a. "Major life activities" means
 - i) Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Documentation of Disability

The individual must submit proof of the disability. A licensed health professional must complete a Medication Verification form along with proof of their professional credentials.

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Service Animal

Effective March 15, 2011, service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the person's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. Service animals are exempt from breed bans as well as size and weight limitations.

Service Animal Documentation Requirements

The individual must submit written proof that the service animal is licensed and vaccinated as required by the Animal Control Regulations pursuant to the Indian River County Ordinances and Florida State Statutes.

Care of Service Animal

Individuals with disabilities using service animals as an accommodation are responsible for their animal at all times. Use of the animal may not constitute a direct threat to the health and safety of others. The individual is responsible for the health of the animal, including the sanitary disposal of animal waste; any property damage caused by the animal; the behavior of the animal in private and/or public places; and for due care and diligence in the use of the animal. Service animals must be harnessed, leashed or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.