

4.8 Disability Identification, Assessment, and Accommodation

Introduction

This U.S. Immigration and Customs Enforcement (ICE) Family Residential Standard requires that Centers housing ICE/ERO residents act affirmatively to prevent disability discrimination. It outlines the necessary processes to ensure that residents with a disability will have an equal opportunity to participate in, access, and enjoy the benefits of the Center’s programs, services, and activities. Such participation will be accomplished in the least restrictive and most integrated setting possible, through the provision of reasonable accommodations, modifications, and/or auxiliary aids and services, as necessary, and in a Center that is physically accessible.

Various terms used in this standard may be defined in the ICE Family Residential Standard on *Definitions*.

Program Philosophy

The requirements of this standard must be implemented in accordance with the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes*.

A. Language Access and Disability Requirements

Centers will adhere to the language access and disability laws, regulations, responsibilities, requirements, and laws cited in the ICE Family Residential Standard on *Program Philosophy, Goals, and Expected Outcomes* and the ICE Family Residential Standard on *Disability Identification, Assessment, and Accommodation*. These requirements must be promulgated in all Center policies, practices, and operations and its themes must be fully incorporated into every Center activity. This is of critical importance and will directly impact resident life, health, and safety.

Expected Outcomes

For purposes of this standard, reasonable accommodations, disability-related modifications, and auxiliary aids and services are collectively referred to as “accommodations” or “reasonable accommodations”. The expected outcomes of this standard are as follows (specific requirements are defined in the Expected Practices section in this standard):

1. In addition to the requirements in this standard, the Center will comply with Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act of 1990, as amended (ADA), if applicable, and any other applicable federal, state or local laws or regulations related to nondiscrimination and accommodation for individuals with disabilities.

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- 2.** The Center will provide reasonable accommodations so that residents with disabilities have an equal opportunity to access, participate in, or benefit from the Center's programs, services, and activities.
- 3.** When considering what reasonable accommodations to provide, the Center will engage in an interactive and individualized process that considers the resident's needs and gives primary consideration to the preferences of the resident with a disability, as outlined in this standard.
- 4.** The Center will develop policies or procedures to allow for effective communication with residents with disabilities – which may include the provision of auxiliary aids and services – during the interactive process as well as within the Center generally.
- 5.** Each Center will designate at least one staff member to serve as the Center's Disability Compliance Manager. This individual will assist in ensuring compliance with this standard and all applicable federal, state and local laws related to accommodations for residents with disabilities.
- 6.** The Center orientation program and the resident handbook and local supplement (as appropriate) will notify and inform residents about the Center's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request.
- 7.** Center staff will receive training on reasonable accommodations policies and procedures, to include the actions they must take upon identifying a resident with a disability who may require an accommodation, modification, and/or auxiliary aid or service.
- 8.** The Center will provide residents with disabilities who are limited in their English proficiency (LEP) with meaningful access to its programs and activities through language assistance, including bilingual staff or professional interpretation and translation services. Meaningful access to Center programs and activities includes the effective communication of the applicable content and procedures in this standard.
- 9.** The Center will provide physical access to programs and activities in the least restrictive setting possible, and in the most integrated setting appropriate to the needs of the resident with a disability. Residents with disabilities requiring an assistive device, such as a crutch or wheelchair, will normally be permitted to keep those items with them at all times. Removal of any such devices because of concerns related to safety and security must be based on individualized review and the justification documented. A resident's disability or need for assistive devices or equipment may not provide the sole basis for the Center's decision to place the resident apart from the rest of the resident population.
- 10.** Compliance with the reasonable accommodations policies and procedures articulated in this standard will be consistently documented, as stated in this standard.

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11. The Center administrator will convene a multidisciplinary team to assess the cases of residents with communication and mobility impairments, residents whose initial requests for accommodations have been denied, and complex cases. The multidisciplinary team will determine whether the resident has a disability, whether the resident requires an accommodation to access the Center’s programs and activities, and whether to grant or recommend denying the requested accommodation. Any denial by the multidisciplinary team of a request for accommodation related to a disability must be approved by the Center administrator and Juvenile and Family Residential Management Unit (JFRMU) Chief.
12. The local ICE/ERO Field Office and JFRMU Chief will be notified no later than 72 hours after the completed review and assessment of any resident with a communication or mobility impairment. Centers will also notify the Field Office and JFRMU Chief within 72 hours of any denial of a resident’s request for a disability-related accommodation.
13. Residents will be permitted to raise concerns about disability-related accommodations and/or the accommodations process through the grievance system, as outlined in the ICE Family Residential Standard on *Grievance System*. Centers will ensure that residents with disabilities have equal opportunity to access and participate in the grievance system, including by allowing for effective communication, which can include the provision of auxiliary aids and services, throughout the process.

Standards Affected

Not applicable. This is a new standard.

Expected Practices

A. Definitions

1. Disability

For purposes of these standards, the term “disability” means either of the below:

- a physical or mental impairment that substantially limits one or more of an individual’s major life activities; or
- a record of such a physical or mental impairment.

“Major life activities” are basic activities that a resident without a disability can perform with little or no difficulty while in residence, including, but not limited to, caring for oneself and child(ren), performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity can also include the operation of major bodily functions, like the immune, endocrine, and neurological systems; normal cell growth; digestion, respiration, and circulation; and the operations of the bowel, bladder, and brain.

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2. Communication Impairments

Residents with “communication impairments” include residents with physical, hearing, vision, and speech impairments (e.g., residents who have hearing loss or are deaf; blind; have visual impairments; or are nonverbal).

3. Mobility Impairments

Residents with “mobility impairments” include residents with physical impairments who require a wheelchair, crutches, prosthesis, cane, or other mobility device, or other mobility assistance.

4. Programs, Services, or Activities

For purposes of these standards, the “programs,” “services,” “benefits,” and/or “activities” of a Center include all aspects of the Center’s operations that involve residents. These include, but are not limited to, housing placements, medical care, safety and security protocols, food services, correspondence, visitation, grievance systems, transfers, and resident programming and scheduled activities such as law and leisure libraries, religious services, educational or vocational classes, work programs, and recreation.

5. Auxiliary Aids or Services

“Auxiliary aids or services” are services or devices that allow for effective communication by affording individuals with impaired vision, hearing, speaking, sensory, and manual skills an equal opportunity to participate in, and enjoy the benefits of, programs and activities. Such aids or services include interpreters, written materials, note-takers, video remote interpreting services, or other effective methods of making aurally delivered materials available to residents with hearing impairments; readers, taped texts, materials or displays in Braille, secondary auditory programs, or other effective methods of making visually delivered materials available to residents with visual impairments; acquisition or modification of equipment or devices; and other similar services and actions.

6. Reasonable Accommodations

For purposes of these standards, “accommodation” or “reasonable accommodation” means any change or adjustment in Center operations, any modification to Center policy, practice, or procedure, or any provision of an aid or service that permits a resident with a disability to participate in the Center’s programs, services, activities, or requirements, or to enjoy the benefits and privileges of Center programs equal to those enjoyed by residents without disabilities. Examples of “reasonable accommodations” include, but are not limited to, proper medication and medical treatment; accessible housing, toilet, and shower facilities; devices like bed transfer, accessible beds or shower chairs, hearing aids, or canes; and assistance with toileting and hygiene.

When considering requests for reasonable accommodations or modifications, the Center will engage in an interactive and individualized process as outlined in section F below.

For the purposes of this standard, and particularly section F below, reasonable accommodations, disability-related modifications, and auxiliary aids and services are collectively referred to as “accommodations” or “reasonable accommodations.”

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B. Written Policy and Procedures, and Compliance Manager

1. Reasonable Accommodation Policy

The Center will develop written policy and procedures, including reasonable timelines, for reviewing residents' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures will be consistent with the processes outlined in this standard.

2. Disability Compliance Manager

The Center will designate a Disability Compliance Manager to assist Center personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of residents with disabilities. The Disability Compliance Manager may be the Health Services Administrator, a member of the medical staff, or anyone with relevant knowledge, education, and/or experience.

C. Identification

A resident may identify him- or herself (or his or her child) as having a disability and/or request a reasonable accommodation at any point while in residence. Residents may submit a formal or informal (i.e., verbal or written) request for accommodations or assistance to any ICE employee or Center staff member at any time. Requests should be reviewed in context, and do not need to include the words "disability" or "accommodation" to be considered a request for accommodations. The Center will also consider information submitted by a third party, such as an attorney, family member, or other resident identifying a resident with a disability or a resident's need for an accommodation.

Further, it is incumbent upon Center staff to identify residents with impairments that are open, obvious, and apparent. Identification of residents with potential disabilities (i.e., impairments that are open, obvious, and apparent) may occur through medical or intake screenings, or through direct observation. Staff should be particularly vigilant for impairments that affect a resident's mobility or ability to communicate. Upon identifying a resident with a potential disability, the Center will review the need for any necessary accommodations pursuant to Section F below.

The processes described in this standard apply to any resident who has requested an accommodation or auxiliary aid or service, or who has otherwise been identified as potentially needing an accommodation.

D. Physical Accessibility and Most Integrated Setting Possible

1. Physical Accessibility

The Center will comply with all applicable federal, state, and local laws and regulations related to the accessibility of safe and appropriate housing for residents with disabilities.

The Center will ensure that residents with disabilities are able to physically access its programs, services, and activities. This includes, for example, ensuring residents with disabilities can access telephones, as well as toileting and bathing facilities.

2. Most Integrated Setting

Every resident with a disability will be housed in a space that affords him or her safe, appropriate

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living conditions. Residents with disabilities will be provided access to the Center's programs and services in the least restrictive setting possible and the most integrated setting appropriate to the needs of the resident with a disability.

Residents with disabilities will generally be permitted to keep assistive devices (including such aids as canes and crutches) with them at all times while in residence. Placement apart from other residents due to security concerns related to the use of any such item must be based on individualized review, and the justification for the placement must be documented, whenever the resident is placed apart from others. The justification will set forth the individualized assessment of the safety or security concern created by the assistive device that could not be eliminated or mitigated by modification of policies or procedures.

A resident's disability or need for accommodations may not provide the sole basis for a decision to place him or her apart from the other residents. An individualized assessment must be made in each case, and the justification for the placement documented.

E. Effective Communication

Throughout the Center's programs and activities, including at all stages of the reasonable accommodation process, the Center must take appropriate steps to allow for effective communication with residents with disabilities to afford them an equal opportunity to participate in, and enjoy the benefits of, the Center's programs and activities. Steps to ensure effective communication may include the provision and use of auxiliary aids or services for residents with vision, hearing, sensory, speech, and manual impairments, as needed. The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual resident, the nature, length, and complexity of the communication involved, and the context in which the communication is taking place. In determining what types of auxiliary aids or services are necessary, the Center will give primary consideration to the request of the resident with a disability.

Use of other residents to interpret or facilitate communication with a resident with a disability may only occur in emergencies.

F. Reasonable Accommodations Process

The Center's process to appropriately accommodate a resident with a disability will differ depending on the nature of the impairment or disability being addressed. However, in certain cases, the Center administrator or designee will automatically convene a multidisciplinary team, as described in section 4 below.

1. Immediate Accommodations

The Center will provide residents with disabilities with necessary accommodations in an expeditious manner. In many situations, the Center will be able to immediately grant a resident's request for an accommodation. Where a request for accommodation is immediately granted and provided, and the accommodation fully addresses the resident's ability to access the Center's programs and activities, the Center's response will not ordinarily involve referral to a multidisciplinary team.

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2. Medical and Mental Health Treatment

Many residents with disabilities will receive medical and/or mental health treatment from the Center's clinical medical authority. Where a resident with a disability is fully able to access the Center's programs and activities through the provision of appropriate medical or mental health treatment, further interactive process may not be necessary. However, where the provision of accommodations depends on medical expenditures requiring ICE authorization, the Center will consider whether there are any interim accommodations that would afford the resident access to its programs and activities pending ICE authorization (for example, providing a wheelchair as an interim accommodation to allow for mobility while a prosthesis is repaired), and will provide to the resident any such interim accommodations it identifies.

3. Residents with Cognitive, Intellectual, or Developmental Disabilities

Referral to the multidisciplinary team may be appropriate for residents who are identified as having a cognitive, intellectual, or developmental disability, including a traumatic brain injury. Such residents may face difficulties navigating a residential environment, including staff-resident communication, behavior management, grievance, and other processes. Additionally, such residents may not understand the process for requesting an accommodation or be aware of limitations on their access to Center programs. Center staff should not require the resident's participation in the assessment process, and should be sensitive to the fact that some residents in this category may not perceive themselves as having a disability. However, Center staff should provide appropriate assistance to a resident with a cognitive, intellectual, or developmental disability, even if not explicitly requested (for example, reading and explaining a form to a resident with limited cognitive abilities). The Center is also required to report the identification of residents with any cognitive, intellectual, or developmental disabilities to the ICE/ERO Field Office and JFRMU Chief.

4. Multidisciplinary Team

Requests or referrals that require an evaluation by a multidisciplinary team include:

- Residents with mobility impairments;
- Residents with communication impairments;
- Residents whose initial requests for accommodations or assistance have been denied;
- Residents who have filed grievances about the accommodation of their disabilities or impairments;
- Residents whose requests are complex or best addressed by staff from more than one discipline (e.g., security, programming, medical, or mental health, etc.); and
- Residents whose cases are otherwise determined by Center staff to be appropriate for referral to the team.

The multidisciplinary team will include a healthcare professional and any additional Center staff with requisite knowledge of and/or responsibility for compliance with disability policies and procedures. The team may consist of two or more staff and may have different members at different times, depending on the resident or request for accommodations under review. When appropriate, the multidisciplinary team will consult with ICE/ERO and JFRMU to obtain guidance, information, and/or resources for providing accommodations.

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The team is encouraged to consult with local and community resources that may have subject matter expertise on the provision of accommodations, modifications, and services. This consultation may include training, information on the availability of accommodations and services, and best practices. However, all external communications regarding individual residents are subject to applicable privacy limitations and protections and must be conducted in a manner consistent with the Privacy Act.

Interaction with the Resident. Given the importance of considering information from the resident, the multidisciplinary team will make a good faith attempt to interview the resident and determine the nature of the resident's disability, any difficulties the resident experiences in accessing the Center or its programs or services, and the resident's specific requests or needs for accommodation, if any. The multidisciplinary team will respect any resident's decision to decline to participate in the accommodation process, including the invitation to interview with the multidisciplinary team. If a resident declines such an invitation, the multidisciplinary team will document this declination.

Multidisciplinary Team Determinations. The multidisciplinary team will determine whether the resident has a disability, whether the resident requires an accommodation to meaningfully access the Center's programs and activities, and whether to grant or recommend denying the requested accommodation (if any) or propose an alternate, equally effective accommodation. The multidisciplinary team will issue a written decision, including the documentation outlined below, within five (5) working days of the request or referral.

If there is a delay in determining whether to approve an accommodation request or in providing the resident with an approved accommodation, the multidisciplinary team will consider whether there are any interim accommodations that would afford the resident access to Center programs and activities pending the final disposition of the request or the provision of approved accommodations. The Center will provide to the resident any such interim accommodations it identifies.

Where the multidisciplinary team approves a request for an accommodation, but the recommended accommodation requires approval from ICE (i.e., expenditures on medical treatment, medication, and durable medical equipment that require IHSC authorization), the team will inform the resident of the decision and the status of the request with ICE and will consider whether to provide an interim accommodation. The Center will provide to the resident any such interim accommodations it identifies.

Where the multidisciplinary team approves a request for accommodations, and can immediately provide the necessary accommodation, that decision will be the final Center determination, and the team will follow the notification procedures outlined below and implement the approved accommodations as quickly as possible.

Final Review of Any Denial by Center Administrator or Assistant Center Administrator. Any denial by the multidisciplinary team of a request for accommodation related to a disability must be approved by the Center administrator or assistant Center administrator. Such denials include all cases in which the multidisciplinary team determines that accommodations, including all requested accommodations, should be denied; or that alternate unrequested

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accommodation(s) should be provided. The Center administrator or assistant Center administrator will complete his or her review of the multidisciplinary team's decision within three (3) working days of the team decision.

Resident Notification. The Center will provide the resident with written notification of the final decision on his or her request for accommodation, regardless of whether an accommodation was granted or denied, and regardless of whether the accommodation requires further approval by ICE. Notification that an approved accommodation request has been granted or submitted to ICE will be provided at the conclusion of the multidisciplinary team review. Notification of a denied accommodation, or provision of an alternate, unrequested accommodation, will be provided only after review and concurrence by the Center administrator or assistant Center administrator, and will include a justification for the denial. Notification will be provided in a language or manner the resident can understand.

Staff Notification. Where an accommodation is granted, Center policy or procedures will ensure that all relevant Center staff receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.

Initial and Periodic Reassessments. An initial re-assessment of approved accommodations must be completed within 30 days of the original assessment by the multidisciplinary team. All reassessments will include a good faith attempt to interview the resident regarding the current accommodations provided and the need, if any, for changes to the resident's accommodation plan.

Subsequent periodic reassessments of approved accommodations will take place at a minimum every 90 days thereafter, unless requested sooner by the resident. Such reassessments should evaluate the efficacy of the accommodation(s) provided, the continued need for accommodation and whether alternate accommodation(s) would be more effective or appropriate. Initial and periodic reassessments will be documented in the resident's medical and/or Center file.

Documentation. After the Center has completed its review of a resident with a disability or of a request for an accommodation, Center staff will place written documentation of the following in the resident's medical and/or Center file, as appropriate:

- Date of the initial assessment interview with the resident with a potential disability, along with the name(s) and title(s) of any/all Center staff in attendance;
- Summary of the resident's request, if any, including any specific accommodations requested, and any information or observations related to the resident's disability;
- Findings on whether the resident has a disability and how the disability or impairment limits the resident's ability to access programs or activities while in residence;
- Center's final decision on any requested accommodations;

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- Provision of any aids or services to the resident, including the specific type(s) of accommodation provided and/or steps taken by the Center, and the implementation date(s);
- A copy of any written notification provided to the resident, including the justification in the case of a denial; and
- Results and date(s) of any reassessment(s), if applicable, including reasons for any decisions made.

G. Denial of an Accommodation

Permissible reasons for the Center to deny an accommodation to a resident who has been determined to have a disability include:

- The resident is not denied access to the Center’s programs or activities because of a disability;
- There is not a nexus between the disability and the requested accommodation;
- The requested accommodation would fundamentally alter the nature of the program, service, or activity;
- The requested accommodation would result in an undue financial and administrative burden; or
- The resident poses a direct threat to staff or other residents.

Both “fundamental alteration” and “undue financial and administrative burden” are generally high standards that are difficult to meet. Further, if a particular accommodation would result in an undue financial and administrative burden or fundamental alteration, the Center must take any other action that would not result in such an undue burden or fundamental alteration but would nevertheless ensure that, to the maximum extent possible, residents with a disability receive the benefits and services of the program or activity. Similarly, determinations that individuals pose a “direct threat” are generally very rare, and require a careful, individualized assessment as described below.

1. Fundamental Alteration

A “fundamental alteration” to a Center’s programs, services, or activities is a change that is so significant that it alters the essential nature of the program, service, or activity offered. Whether a change constitutes a fundamental alteration is a determination that must be made on a case-by-case basis, and that must consider the unique characteristics of each Center and each resident with a disability.

2. Undue Financial and Administrative Burden

An “undue financial and administrative burden” is a significant difficulty or expense related to a Center’s operations, programs, or activities. In evaluating whether a particular accommodation would result in an undue burden, the Center must consider all resources available for use in the funding and operation of the conducted program or activity *as a whole*.

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3. Direct Threat

The Center may justify the denial of an accommodation to a resident with a disability on the basis of the resident posing a direct threat to staff or other residents only if providing the accommodation would unavoidably exacerbate the threat. The determination that a resident with a disability poses such a direct threat to staff or other residents must be reached through an individualized assessment by a multidisciplinary team. The assessment must rely on reasonable judgment and current medical evidence, or the best available objective evidence, to determine the nature, duration, and severity of the risk, and whether any modifications of policies, practices, or procedures can mitigate or eliminate the risk. Residents who are found to pose a direct threat are nevertheless entitled to auxiliary aids or services to allow for effective communication.

H. External Notifications

1. Notification of a Resident with a Communication or Mobility Impairment

The Center will notify the Field Office Director and JFRMU Chief as soon as practicable, but no later than 72 hours, after the multidisciplinary team has completed its review of the needs of any resident with a communication or mobility impairment. This notification must include, at a minimum:

- the nature of the resident's disability or impairment;
- the accommodation requested by the resident; and
- the Center's plan to accommodate the resident.

2. Notification of Center Denials and Provision of Alternative Accommodations

The Center will notify the Field Office Director and JFRMU Chief in writing within 72 hours of any final denial by the Center administrator or assistant Center administrator of any accommodations request reviewed by the multidisciplinary team. This notification must include, at a minimum:

- the nature of the resident's disability;
- the accommodation requested by the resident;
- the reason for denial; and
- any steps the Center has taken to address the resident's needs, including any alternative accommodations provided.

ICE may review the Center's denial of a request for an accommodation. The Center will provide additional information as needed to further ICE's review, and will cooperate with ICE on any additional steps that may be necessary.

I. Staff Training

Training on the Center's Disability and Reasonable Accommodations procedures will be provided to employees, volunteers, and contract personnel, and will also be included in annual refresher training thereafter. New Center staff, including contractors and volunteers, will receive this training as part of the Initial Orientation training required by the ICE Family Residential Standard on *Staff Training*. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with residents; however, all volunteers and contractors who

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have any contact with residents must be notified of the Center's disability accommodations policy.

Appendix 4.8.A: Resources following this standard lists resources available from the U.S. Department of Justice and organizations that may be useful in developing a training program, and/or for direct use in training.

J. Resident Orientation

The Center orientation program required by the ICE Family Residential Standard on *Admission and Release*, and the resident handbook and local supplement (if applicable) required by the ICE Family Residential Standard on *Resident Handbook*, will notify and inform residents about the Center's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The Center will post other documents for resident awareness in the resident information center, living areas, and in the medical unit, as requested by the local ICE/ERO Field Office and/or JFRMU.

References

- ICE Family Residential Standard on Transportation (by Land)
- ICE Family Residential Standard on Admission and Release
- ICE Family Residential Standard on Sexual Abuse and Assault Prevention and Intervention
- ICE Family Residential Standard on Staff-Resident Communication
- ICE Family Residential Standard on Resident Handbook
- ICE Family Residential Standard on Health Care
- ICE Family Residential Standard on Personal Hygiene
- ICE Family Residential Standard on Trips for Non-Medical Emergencies
- ICE Family Residential Standard on Recreation
- ICE Family Residential Standard on Religious Practices
- ICE Family Residential Standard on Telephone Access
- ICE Family Residential Standard on Voluntary Work Program
- ICE Family Residential Standard on Grievance System
- ICE Family Residential Standard on Staff Training
- Title II of the Americans with Disabilities Act of 1990, as amended, and its implementing regulation at 28 C.F.R. Part 35.
- The Architectural Barriers Act of 1968, as amended.
- Section 504 of the Rehabilitation Act of 1973, and DHS implementing regulation at 6 C.F.R. Part 15.

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- DHS Directive 065-01, “Nondiscrimination for Individuals with Disabilities in DHS-conducted Programs and Activities (Non-Employment)” (Sept. 25, 2013).
- ICE Directive “Assessment and Accommodations for Detainees with Disabilities” (December 15, 2016).

Appendix 4.8.A: Resources

Note: This appendix is not, and should not be interpreted as, legal advice. This appendix is intended only as a reference. The materials referenced herein are non-exhaustive, and Centers are responsible for determining whether and how any additional laws apply.

Applicable Federal Laws and Regulations

Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794 (Section 504)

Section 504 prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. Section 504 requires that no individual with a disability may be denied the opportunity to participate in a program, service, or activity solely by reason of a disability. The Center is required to provide reasonable modifications to provide individuals with disabilities with an equal opportunity to access, participate in, or benefit from the Center’s programs, services, and activities. When considering what reasonable modifications to provide, the Center will engage in an interactive and individualized process that considers the individual’s needs and gives primary consideration to the preferences of the individual with a disability.

DHS’ Section 504 implementing regulations: 6 C.F.R. Part 15

Link to DHS’ Section 504 regulations: <https://www.gpo.gov/fdsys/pkg/CFR-2004-title6-vol1/pdf/CFR-2004-title6-vol1-part15.pdf>

Architectural Barriers Act of 1968, 42 U.S.C. §§ 4151 et seq. (ABA)

The ABA requires that buildings and facilities that are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. ABA requirements are limited to architectural standards in new and altered buildings and in newly leased facilities. They do not address the activities conducted in those buildings and facilities.

Implementing Regulations: 41 CFR Subpart 101-19.6

Link to the ABA: <https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-aba-standards>

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U.S. Department of Homeland Security (DHS) Resources

Directive No. 065-01: Nondiscrimination for Individuals with Disabilities in DHS-Conducted Programs and Activities (Non-Employment)

This Directive establishes the DHS policy and implementation mechanisms for ensuring nondiscrimination for individuals with disabilities served by DHS-conducted programs and activities under Section 504.

https://www.dhs.gov/sites/default/files/publications/dhs-management-directive-disability-access_0_1.pdf

Directive 065-01-001: Instruction on Nondiscrimination for Individuals with a Disability in DHS-Conducted Programs and Activities (Non-Employment)

This Instruction implements the DHS Directive 065-01, Nondiscrimination for Individuals with Disabilities in DHS-Conducted Programs and Activities (Non-Employment).

https://www.dhs.gov/sites/default/files/publications/dhs-instruction-nondiscrimination-individuals-disabilities_03-07-15.pdf

A Guide to Interacting with People who Have Disabilities:

The DHS Office for Civil Rights and Civil Liberties developed this Guide to assist DHS personnel, contractors, and grantees in their interactions with people who have disabilities. Under Section 504, DHS has a legal obligation to ensure nondiscrimination in the employment of people with disabilities as well as by providing program access, physical access, effective communication, and reasonable accommodation to people with disabilities encountered and served by DHS programs and activities. Examples of these interactions include residents with disabilities who are in ICE custody awaiting a hearing or removal; this also includes individuals with disabilities who are members of the public, a family member, friend and/or attorney of a resident who seek to access ICE programs, services and activities. Ensuring nondiscrimination often begins by practicing effective methods for interaction, such as treating individuals with respect and using appropriate language. This Guide offers a summary of disability myths and facts, guidance on appropriate language, and tips for successfully interacting with people who have disabilities. It is intended as a general overview of the topic and does not supplant any specific policies and procedures used by the DHS Components.

https://www.dhs.gov/sites/default/files/publications/guide-interacting-with-people-who-have-disabilities_09-26-13.pdf

Other Federal Government Resources

Disability.gov: www.disability.gov

Disability.gov is the U.S. federal government website for comprehensive information about disability-related programs, services, policies, laws and regulations nationwide. The site links to thousands of resources from many different federal government agencies, as well as state and local governments and nonprofit organizations across the country. New resources are frequently added to Disability.gov's 10 main subject areas: Benefits, Civil Rights,

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Community Life, Education, Emergency Preparedness, Employment, Health, Housing, Technology and Transportation.

U.S. Department of Justice, Disability Rights Section: www.ada.gov

ADA.gov is a website operated by the Disability Rights Section in the Civil Rights Division of the U.S. Department of Justice (DOJ) to continuously provide new and updated information and guidance on the Americans with Disabilities Act (ADA) and its requirements. DOJ also operates a toll-free information line for those seeking to comply with the ADA: (800) 514-0301 for voice calls; or (800) 514-0383 for TTY. [Note: The ADA does not apply to ICE's programs and activities. However, ada.gov provides helpful disability-related technical assistance materials on various subjects.]

The U.S. Access Board: www.access-board.gov

The U.S. Access Board is an independent federal agency that promotes equality for people with disabilities through leadership in accessible design and the development of accessibility guidelines and standards for the built environment, transportation, communication, medical diagnostic equipment, and information technology. The Board develops and maintains design criteria for the built environment, transit vehicles, telecommunications equipment, medical diagnostic equipment, and information technology. The Board also provides technical assistance and training on these requirements and on accessible design and continues to enforce accessibility standards that cover federally funded centers. The Board's Section 508 Standards apply to electronic and information technology procured by the federal government, including computer hardware and software, websites, phone systems, and copiers. They were issued under section 508 of the Rehabilitation Act which requires access for both members of the public and federal employees to such technologies when developed, procured, maintained, or used by federal agencies. The Board operates a toll-free-line: (800) 872-2253 or TTY (800) 993-2822.