The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act as amended (ADAAA) are federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

It is the policy of the Jewish Council for the Aging of Greater Washington, Inc. (JCA) to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is JCA’s policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

Beyond its legal obligations, JCA is committed to providing accommodations that will allow its employees with disabilities to contribute at the highest levels.

When an individual with a disability requests accommodation and can be reasonably accommodated without creating an undue hardship or causing a direct threat to workplace safety, he or she will be given the same consideration for employment as any other applicant. Applicants who pose a direct threat to the health, safety and well-being of themselves or others in the workplace when the threat cannot be eliminated by reasonable accommodation will not be hired.

JCA will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation or if the accommodation creates an undue hardship to JCA. Contact the Senior Director of Finance & Administration with any questions or requests for accommodation.

All employees are required to comply with JCA’s safety standards. Current employees who pose a direct threat to the health or safety of themselves or other individuals in the workplace will be placed on leave until an organizational decision has been made in regard to the employee’s immediate employment situation.

Individuals who are currently using illegal drugs are excluded from coverage under the company ADA policy.
See the JCA Employee Handbook for details.

PROCEDURE

Requesting Accommodation
Employees or applicants with disabilities may request reasonable accommodations of JCA, regardless of title, wage or employment status. This request should be made by the employee in writing to his or her supervisor or to the Senior Director of Finance & Administration.

The reasonable accommodation does not need to be requested at the beginning of employment. However, a reasonable accommodation request will not cancel any prior performance improvement or disciplinary actions.

Identifying Need

Upon receiving the reasonable accommodation request, the Senior Director of Finance & Administration will meet with the employee to conduct an informal, interactive discussion. The discussion will include the following steps:

1. A review of the employee’s job description or job announcement delineating the essential functions from the marginal or auxiliary functions.
2. A determination of how the employee’s disability limits his or her ability to perform the essential functions of their job in order to identify the employee as a qualified individual with a disability.
3. The identification of potential accommodations and an assessment of the effectiveness of such accommodations on the employee’s job performance.
4. The identification of the kind of accommodation needed. The Job Accommodation Network can be contacted for assistance in making this assessment.
5. The employee’s preference of accommodation will be considered. JCA has the right to select among the alternatives available, as long as they are effective.
6. Selection and implementation of the effective reasonable accommodation by JCA will occur as soon as possible. The Senior Director of Finance & Administration will continue to communicate with the employee to discuss timelines for obtaining the accommodation and any possible delays.

Medical Documentation and Confidentiality

If the disability is not obvious and there is no other medical information already on record for the employee, JCA may require the employee to provide documentation from a physician or other medical professional concerning the existence and extent of the disability.
The employee’s medical information will be maintained in a separate confidential file. Any information regarding the employee’s condition will only be made available on a need to know basis.

**ADA Determination**

After meeting and reviewing medical documentation, JCA will determine whether the employee is a qualified individual with a disability and develop a reasonable accommodation plan for the employee.

The plan will:

1. State whether the employee is a “qualified individual with a disability” as defined by the ADA.
2. Outline the employee’s essential job functions needing accommodation.
3. Recommend the kinds of accommodation.
4. Determine whether any accommodations cause an undue hardship or poses a direct threat.

**Types of Reasonable Accommodation**

Accommodation will be determined on a case-by-case basis. The Senior Director of Finance & Administration will work closely with the employee, the employee’s supervisor and the responsible member of Senior Staff to ensure that reasonable accommodation is provided and is effective.

JCA will consider the employee’s preference of accommodation, and JCA the right to select among the alternatives available, as long as they are effective.

1. Some accommodations cost little or no money. Changes may include support from supervisor, additional time to complete assignments or small changes in worksite setup.
2. Some accommodations are technologically simple and easily achieved in most offices. Examples: accessible door handle, magnifier, additional lighting.
3. Accommodations requiring advanced or sophisticated devices may take more time and expense to achieve. Examples: screen reading software, CCTV, speech synthesizer.

Within 90 days after the accommodations have been provided, the Senior Director of Finance & Administration will assess the effectiveness of the accommodations in enabling the employee to perform the essential functions of the job. Additional accommodations or changes to the existing accommodations may be considered.

**Complaint Form and Procedures**

Any individual who believes that he or she has been subjected to unequal treatment or discrimination prohibited by the ADA may file a written complaint with the JCA’s Chief Executive Officer. A
formal complaint must be filed within 180 days of the alleged occurrence or when the alleged discrimination became known to the complainant. A complaint form follows this policy. It can also be found on the JCA website at www.AccessJCA.org.

**TERMS USED IN THIS POLICY**

As used in this ADA policy, the following terms have the indicated meaning:

- **Disability:** A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.

- **Major life activities:** Term includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

- **Major bodily functions:** Term includes physical or mental impairment such as any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine. Also covered are any mental or psychological disorders, such as intellectual disability (formerly termed “mental retardation”), organic brain syndrome, emotional or mental illness and specific learning disabilities.

- **Substantially limiting:** In accordance with regulation, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these kinds of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADAAA regulations.

- **Direct threat:** A significant risk to the health, safety or well-being of individuals with disabilities or others when this risk cannot be eliminated by reasonable accommodation.

- **Qualified individual:** An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

- **Reasonable accommodation:** Includes any changes to the work environment and may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, telecommuting, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

- **Undue hardship:** An action requiring significant difficulty or expense by the employer. In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include:
The nature and cost of the accommodation.

The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.

The overall financial resources of the employer; the size, number, type and location of facilities.

The type of operations of the company, including the composition, structure and functions of the workforce; administrative or fiscal relationship of the particular facility involved in making the accommodation to the employer.

**Essential functions of the job:** Term refers to those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.

The examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.

*Updated May 8, 2017*
TITLE VI, ADA AND EEO COMPLAINT FORM

Any individual may exercise his or her right to file a complaint if he or she believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services or in employment. The Jewish Council for the Aging of Greater Washington will make a concerted effort to resolve complaints at the lowest level possible.

Please complete this form to the best of your ability. If you need translation or other assistance, contact the Senior Director of Finance & Administration. Please print if you are not completing this form electronically.

Name______________________________________________________

Address___________________ City_________________ Zip___________

Phone Home_____________ Work_____________ Mobile_____________

Email: _____________________ _______________________________________________________________________________

Basis of Complaint (mark all that apply):
   [ ] Race  [ ] Color  [ ] Religion  [ ] National Origin  [ ] Sex/Gender  [ ] Sexual Orientation
   [ ] Gender Identity  [ ] Age  [ ] Disability  [ ] Retaliation
   [ ] Other, please specify: ____________________________________________

Who discriminated against you?

Name______________________________________________________

Name of Organization________________________________________

Street Address____________________________________________

City_________________ State_________________ Zip___________

Telephone______________________________________________

How were you discriminated against? (Attach additional pages if more space is needed)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Where did the discrimination occur?
__________________________________________________________________________________________
__________________________________________________________________________________________
Dates and times discrimination occurred:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If there were any other witnesses to the discrimination, please list below or on attached pages.

Name __________________________________________
Organization/Title ______________________________
Street Address _____________________________________________________________
Work Telephone ____________________________
Home Telephone __________________________
Email Address _____________________________________________________________

Name __________________________________________
Organization/Title ______________________________
Street Address _____________________________________________________________
Work Telephone ____________________________
Home Telephone __________________________
Email Address _____________________________________________________________

How would you like to see this situation resolved?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you filed your complaint, grievance, or lawsuit with any other agency or court?
Who __________________________________________ When ______________________
Status (pending, resolved, etc.) ______________ Result, if known ______________
Complaint number, if known ______________________________

Do you have an attorney in this matter?
Name_________________________ Phone____________________
Address_________________________ City__________ Zip_______
Email Address ______________________________

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Complainant Name ________________________________
Signature __________________________ Date__________

Updated May 8, 2017