SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT HEARING BOARD

POLICY FOR REASONABLE ACCOMMODATION — REMOTE PARTICIPATION BY BOARD MEMBERS

Adopted pursuant to Government Code Section 54953.8(b)(8).

1. Purpose

This policy establishes a procedure for Hearing Board members to request reasonable accommodation for remote participation in Hearing Board meetings, consistent with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132) and Government Code section 54953.8. Any doubt regarding the sufficiency of a request or the applicability of this policy shall be resolved in favor of accessibility.

2. Eligibility

A Hearing Board member who has a disability within the meaning of the ADA — that is, a physical or mental impairment that substantially limits one or more major life activities — may request reasonable accommodation to participate remotely in Hearing Board meetings in lieu of in-person attendance.

3. How to Submit a Request

Requests shall be submitted in writing (including email) to the **Chair of the Hearing Board**. If the Chair is the requesting member, the request shall be submitted to the **Vice Chair**. The District Clerk may be copied to facilitate scheduling and logistics.

A request should include:

(a) A brief description of the **functional limitation** that necessitates remote participation (a specific diagnosis is not required);

(b) A statement that the limitation is attributable to a **medical or physical condition**; a brief written statement from a licensed healthcare provider is encouraged but required only where the functional limitation and its connection to remote participation are not reasonably self-evident;

(c) The **anticipated duration** of the need — whether permanent, ongoing indefinitely, or temporary (with an estimated end date if known); and

(d) Any **specific technical or logistical accommodations** needed to participate effectively (e.g., particular platform, captioning, or other support).

The District shall maintain a standard request form to assist members, but use of the form is not required.

4. Duration of Approval

(a) **Ongoing or permanent conditions.** An approved accommodation for a permanent or indefinitely ongoing condition shall remain in effect for **twelve (12) months** from the date of approval, and may be renewed by submitting a brief written renewal request. No additional medical documentation is required for renewal unless the Chair has a reasonable, specific basis to believe the underlying condition has resolved.

(b) **Temporary conditions.** An approved accommodation for a temporary condition shall remain in effect for the duration stated in the request, or until the member notifies the Chair that the condition has resolved, whichever occurs first.

(c) **Material changes.** A member whose condition or circumstances change materially shall notify the Chair, who may revisit the accommodation as appropriate.

5. Review and Decision

(a) The Chair shall review the request promptly and, in all cases, **no later than five (5) business days** after receipt.

(b) The Chair shall grant the request if the member has provided a plausible basis for concluding that a qualifying disability exists and that remote participation is a reasonable accommodation for that disability. **Any doubt shall be resolved in favor of granting the request.**

(c) If the Chair requires clarification, the Chair shall contact the requesting member promptly and request only the minimum additional information necessary to make a determination. The Chair shall not require disclosure of a specific diagnosis, detailed medical records, or documentation beyond what is reasonably necessary to determine that a member has provided a plausible basis for concluding that a qualifying disability exists.

(d) The Chair shall communicate the decision in writing to the requesting member and the District Clerk.

6. Confidentiality

Information provided in connection with a reasonable accommodation request is confidential and shall be disclosed only to those with a need to know for purposes of implementing the accommodation. It shall not be disclosed publicly or included in meeting minutes beyond a notation that remote participation was authorized.

7. No Waiver of Quorum or Other Requirements

Approval of remote participation under this policy does not relieve the Hearing Board of applicable quorum requirements or other provisions of the Ralph M. Brown Act. Remote participation shall be conducted in a manner consistent with all applicable law.

8. Review of This Policy

This policy shall be reviewed periodically and updated as necessary to reflect changes in applicable law or District practice.

Adopted by the [District Name] Air Quality Management District Hearing Board on [Date].

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT HEARING BOARD

REQUEST FOR REASONABLE ACCOMMODATION — REMOTE PARTICIPATION

Pursuant to the Americans with Disabilities Act of 1990 and Government Code Section 54953.8(b)(8).

INSTRUCTIONS

This form is provided for your convenience. You are not required to use it — a written request submitted by email or letter that includes the information below is equally acceptable. Completed forms should be submitted to the Chair of the Hearing Board (or the Vice Chair, if you are the Chair). You may copy the District Clerk.

All information provided on this form is confidential and will be shared only with those who need it to process and implement your request.

You are not required to disclose a specific diagnosis or provide detailed medical records. However, please provide enough information to allow the Chair to understand the nature of your functional limitation and its connection to your need for remote participation. **When in doubt, the District resolves questions in favor of accessibility.**

PART 1 — MEMBER INFORMATION

Name: _____

Preferred contact (email or phone): _____

Date of Request: _____

PART 2 — DESCRIPTION OF FUNCTIONAL LIMITATION

Please describe the functional limitation that makes remote participation necessary. You do not need to name your diagnosis or condition. Focus on how the limitation affects your ability to attend meetings in person.

Example: "I have difficulty with sustained travel and prolonged time away from home due to a chronic medical condition." or "I have an immune-compromising condition that requires me to minimize in-person gatherings."

_____

_____

_____

PART 3 — CERTIFICATION OF MEDICAL BASIS

Please check one of the following:

☐ I certify that the functional limitation described above is attributable to a medical or physical condition, and that the need for remote participation is reasonably connected to that condition.

☐ **Optional** - I am attaching a brief written statement from a licensed healthcare provider supporting this request.

PART 4 — ANTICIPATED DURATION

Please indicate the expected duration of your need for remote participation:

☐ **Permanent or indefinitely ongoing** — I understand this approval will be valid for 12 months and may be renewed by submitting a brief written renewal request.

☐ **Temporary** — Estimated end date: _____ *(if known)*

Brief explanation, if helpful: _____

PART 5 — TECHNICAL OR LOGISTICAL NEEDS

Please describe any specific technical or logistical accommodations you will need to participate effectively by remote means. Leave blank if standard videoconference access is sufficient.

Examples: captioning, a particular platform or format, audio-only access, advance materials in an accessible format, etc.

_____

_____

PART 6 — MEMBER CERTIFICATION

I certify that the information provided in this request is true and accurate to the best of my knowledge, and that I am submitting this request in good faith.

Signature: _____ Date: _____

FOR CHAIR USE ONLY — DO NOT COMPLETE

Date received: _____

Decision deadline (5 business days): _____

☐ **Approved** — Effective: _____ Through: _____ (or until condition resolves)

☐ **Additional information requested** — Date contacted: _____ Information requested: _____

☐ **Denied** — Reason: _____

Decision communicated to member: ☐ Yes   Date: _____

District Clerk notified: ☐ Yes   Date: _____

Chair signature: _____ Date: _____