

July 8, 2015

Beverly Garcia, Program Director
PSCH - Island House
4029 Long Beach Rd
Island Park, NY 11558
tel: (516) 432-1935

Dear Ms Garcia,

I look forward to becoming a tenant in Island House at 4029 Long Beach Road in Island Park. Your emails led me to believe that PSCH's "make-ready" for Apartment 4-5 was complete, that the apartment was ready for me to move in. In our discussion with Duane Williamson on February 27, 2015, we agreed that "make-ready" was supposed to include the removal of the bed currently in the apartment, in order to accommodate my physical disability. Unfortunately, the bed has not been removed yet. With that bed still there, I will not have the same full use and enjoyment of the apartment as would a person without my physical disability.

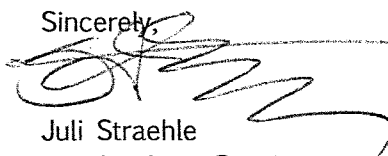
As I told you and Duane, my physical disability -- which is covered by the Fair Housing Amendments Act of 1988 -- makes the current bed unsuitable for me. I need to be able to move the bed, to heft the linens and blankets required for the bed, to "make" the bed, to change the bed-linens, and to not bend to the floor for pulling storage drawers built underneath the bed. Doing those tasks with the current bed -- double-size, extremely heavy, with floor-level drawers -- would be impossible for me, or would cause me extreme pain. So, while PSCH may have a policy to provide this particular bed in this particular apartment, I would appreciate your accommodating my disability by removing it. This accommodation is mandated by the Fair Housing Amendments Act of 1988; removing a bed from an apartment is certainly not a financial or administrative hardship, thus not an "undue burden" for PSCH.

If PSCH is determined to provide a bed for me (which is not part of my request), it must fit my needs. A suitable bed for me would be one that is small (twin- or single-size), that is itself lightweight, and that uses smaller (thus less weight) linens. I will be happy to discuss possible alternatives.

As I explained to you (and to PSCH staffers Cameron and Tiffany), and as my case managers (MaryAnn Rosati and Melinda Thomas) confirmed to you, my request for accommodation stems from my documented physical disability. I enclose a prescription from my doctor to substantiate my need.

Please contact me -- by email at julistra@verizon.net, or by cellphone at (516) 551-4290 -- before close-of-business on Tuesday, July 14, 2015. If I do not hear from you, I will assume that you have approved my request.

Sincerely,



Juli Straehle
email: julistra@verizon.net
tel: (516) 551-4290

encl: Rx

cc: Marc Ross Miller, Ph.D. -- Director of Housing and Senior Advocate, Long Island Center for Independent Living
Melinda Thomas -- Care Coordinator, Jewish Board of Children's and Family Services
Jane Reinhardt, Esq -- Nassau/Suffolk Law Services

OFFICIAL NEW YORK STATE PRESCRIPTION



4

MARK B. PANISH, MD
LIC: 147977

226 CLINTON STREET HEMPSTEAD, NY 11550 (516) 483-2020

PRACTITIONER DEA NUMBER

Patient Name

Julie Straehle

Date

7/8/15

Address

City

State

Zip

Age

Sex

☐ M ☐ F

Rx

She needs a bed which meets the following criteria:
(1) twin or single (2) light-weight
(3) no floor-level drawers under mat.

Prescriber Signature

X

[Signature]

MAXIMUM DAILY DOSE
(controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW

REFILLS

☐ None

Refills:

PHARMACIST
TEST AREA:

Dispense As Written

0N7PV2 13



ANTI-FRAUD PROTECTION - PATENTS 5,197,765; 5,340,159

Nassau Case Management Program
175 Fulton Avenue, Fifth Floor
Hempstead, New York 11550
Office: 516-505-2003
Fax: 516-505-2011



FAX Cover Sheet for Confidential Health Information

The accompanying material may include personal and sensitive information related to a person's health and is therefore confidential. We have received appropriate consent or authorization (as applicable) prior to faxing it. As the recipient of this confidential information, you are required to maintain it in a secure and confidential manner. Disclosure by you, of this confidential information without receiving proper permission from the subject of this information, unless otherwise permitted or required by law or regulation, is prohibited under various laws and regulations, including the Health Insurance Portability and Accountability Act (Public Law 104-191) and regulations promulgated there under, violation of which may subject you to penalties.

To: <u>Beverly Garcia</u>	From: <u>Melinda Thomas</u>
Fax: <u>516) 432-1796</u>	Pages: <u>3</u>
Phone: <u>516) 432-1935</u>	Date: <u>July 9, 2015</u>
Re: <u>JS- Request</u>	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

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TRANSMISSION VERIFICATION REPORT

TIME : 07/09/2015 11:13
NAME : FECS
FAX : 1516-2927415
TEL :
SER.# : 000K8J315545

DATE, TIME	07/09 11:12
FAX NO./NAME	4321796
DURATION	00:00:45
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

HEMPSTEAD MPO
HEMPSTEAD, New York
115503728
3548330551-0097
07/09/2015 (800)275-8777 12:03:10 PM

Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price
ISLAND PARK NY 11558-1100		\$0.49
Zone-1		
First-Class Mail Letter		
0.40 oz.		
Expected Delivery: Sat 07/11/15		
@@ Certified Mail		\$3.45
USPS Certified Mail #:		
70151660000078402694		
Return Receipt		\$2.80
Label #:		
9590940304145163947304		
Issue Postage:		\$6.74
Total:		\$6.74

Paid by:
AMEX \$6.74
Account #: XXXXXXXXXXXXX4859
Approval #: 927398
Transaction #: 370
239031901556314735689

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

ISLAND PARK NY 11558

Certified Mail Fee \$3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$2.80
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	N/A
<input type="checkbox"/> Adult Signature Restricted Delivery	N/A

Postage \$0.49

Total Postage and Fees \$6.74

Sent To **Ms. GARCIA @ ISLAND HOUSE**
Street and Apt. No., or PO Box No. **4029 Long Beach Rd.**
City, State, ZIP+4® **ISLAND PARK, NY 11558**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0550 78 Postmark Here
07/09/2015

HEMPSTEAD NY 11550

7015 1660 0000 7840 2694

I can't find the
green Return-Receipt Registered
card... but postal record
(tracking) is online
— see next page

Track Another Package +

Remove X

Tracking Number: 70151660000078402694

Delivered

Expected Delivery Day: Saturday, July 11, 2015 ⓘ

Product & Tracking Information

[See Available Actions](#)Postal Product:
First-Class Mail®Features:
Certified Mail™
Return ReceiptSee tracking for related item: 9590940304145163947304
(</go/TrackConfirmAction?tLabels=9590940304145163947304>)

DATE & TIME	STATUS OF ITEM	LOCATION
July 11, 2015, 1:42 pm	Delivered	ISLAND PARK, NY 11558
Your item was delivered at 1:42 pm on July 11, 2015 in ISLAND PARK, NY 11558.		
July 10, 2015, 11:38 pm	Departed USPS Origin Facility	WESTERN NASSAU, NY
July 10, 2015, 6:38 pm	Arrived at USPS Origin Facility	WESTERN NASSAU, NY
July 10, 2015, 5:32 am	Departed USPS Facility	MID PROCESSING AND DISTRIBUTION CENTER
July 9, 2015, 8:39 pm	Arrived at USPS Origin Facility	MID PROCESSING AND DISTRIBUTION CENTER
July 9, 2015, 6:50 pm	Departed Post Office	HEMPSTEAD, NY 11550
July 9, 2015, 12:01 pm	Acceptance	HEMPSTEAD, NY 11550

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Available Actions

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