



Housing Authority Of The City of Rosenberg

Verification Of Disability

To: _____ Date: _____
Physician Name

Physician Address

Physician Fax Number/Phone Number

It is necessary for the Rosenberg Housing Authority to have on file a written verification of persons claiming disabilities. This letter will determine if the person is eligible to be considered as disable. The person must not assist in anyway with the process of obtaining disability verification.

We ask your cooperation in providing the following information and returning it to the Rosenberg Housing Authority as soon as possible. Your prompt return of this information will help to assure timely processing of the application.

My signature below gives full authorization to my physician to disclose all medical information applicable to my disability.

Print Name: _____

Date of Birth: _____ Signature

Address: _____

Participant/ Applicant: STOP AND RETURN TO THE HOUSING AUTHORITY

Knowledgeable Professional: PLEASE CHECK ANY ITEMS WHICH APPLY TO THE PERSON LISTED ABOVE

_____ The person has a disability as defined in 42 U.S.C Section 423 d (1) (A) defines disability as:
Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or,
In the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 416 (i) (1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or ability comparable to those of any gainful activity in which the person has previously engaged with some regularity and over a substantial period of time.

_____ The person has a developmental disability as defined by the Developmental Disability Assistance and Bill of Rights Act (42 USC 6001 (8)) defines developmental disability in functional terms as:
A severe, chronic disability of a person 5 years of age or older which:
a) is attributable to a mental or physical impairment or combination of mental and physical impairments;
b) is manifested before the person attains age 22;
c) is likely to continue indefinitely;
d) results in substantial functional limitations in 3 or more of the following areas of major life activity; self care; receptive and responsive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; AND
e) reflects the person's need for a combination and sequence of special, interdisciplinary, or, generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

_____ The person has a physical, mental or emotional impairment that:
a) is expected to be of long-continue and indefinite duration
b) substantially impedes the person's ability to live independently, and
c) is of such a nature that ability to live independently could be improved by more suitable housing conditions.

_____ Is a "individual with handicaps" as defined in 24 CFR8.3 for purposes of reasonable accommodations and program accessibility for persons with disabilities (**See Attachment**).

Does not exclude persons who have the disease of AIDS or any condition arising from etiologic agent for AIDS.

Does not include a person whose disability is based solely on any drug or alcoholic dependence (for eligibility purposes).

Name of Physician Verifying the Information Phone Number Firm/Organization

Signature of Physician Date