

Disability Verification Form

Template for Service Providers

I have been _____'s physician, medical professional, and/or
(Name of Patient)

service provider since _____ first date of service, not today's date
(Date)

I am aware that the Fair Housing Act, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act define disability as:

1. A physical or mental impairment which substantially limits one or more of the person's major life activities, and/or
2. A record of having a physical or mental impairment which substantially limits one or more of the person's major life activities, and/or
3. Being regarded as having a physical or mental impairment which substantially limits one or more of the person's major life activities including, but not necessarily limited to: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and/or working.

I, _____, affirm that _____
(Name of Service Provider) (Name of Patient)

has a disability as defined above. As a direct result of this disability, it is a medical necessity that his/her reasonable accommodation/modification request for:

Write request being made to landlord, for example: closer parking space, grab bar in shower, etc.

(Reasonable Accommodation/Modification Details)

be granted to allow for the full use and enjoyment of the premises. Granting this request will alleviate the effects of his/her disability in the following way(s):

Landlord does not need diagnostic information; they only need to know how accommodation/modification will

improve living situation of your client. Ex: Installing a grab bar will provide stability and reduce fall risk while showering.

Signature: _____ Date: _____ Date of service

Name of Service Provider (print): _____

Title: _____

Address: _____ Address of Service Provider

Telephone: _____ Service Provider Fax: _____ Service Provider Email: _____ Service Provider