



We know the way home.

DISABILITY VERIFICATION

Dr. _____

The information requested below is used by Housing Works to determine eligibility for government funded rental assistance, and or grant accommodations to assist in accessing and using our programs. All program applicants and participants are required to sign a release authorizing this agency to verify information needed to determine eligibility. A copy of the release is attached for your review. Please complete the portions of this form that apply to your relationship with this client. Thank you in advance for your timely response to this inquiry. **Please fax to (541) 923-6441 or mail verification to address on this form.**

RE: _____ **SS#:** _____ **DOB:** _____

This is to certify that in my opinion the above referenced client

DOES _____ **or** **DOES NOT** _____

have a disability, as defined in 42 U.S.C. 423; pursuant to HUD regulations. The patient has been determined to have a physical, mental, or emotional impairment that, is expected to be of long-continued and indefinite duration: substantially impedes his or her ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions or has a developmental disability as defined in 42 U.S.C. 6001. Does not include a person whose disability is based solely on any drug or alcohol dependence.

PLEASE! NO DOCUMENTATION REQUIRED. DO NOT SEND RECORDS!

Evaluator/Diagnostician name and title _____

(Please print name) _____

Address _____

Telephone _____

Evaluator/ MD/
Diagnostician Signature _____ Date _____

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