

Physician or Health Care Professional's  
**VERIFICATION OF DISABILITY AND NEED**  
for a Requested AccommodationProfessional's  
Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Name of  
Organization \_\_\_\_\_

Purpose: To provide a format for physicians and other health care professionals to assist the Seattle Housing Authority in determining if a housing applicant's request for accommodation is reasonable. Before SHA can make exceptions to its policies and practices or allocate funds for accommodation, we must verify:

- 1) that the person making the request has a disability and needs the accommodation in order to enjoy equal access to housing and the other programs provided by SHA, and
- 2) that the accommodation or modification requested will achieve the intended purpose of providing equal access to housing and the other programs provided by SHA.

**Applicant/Participant release:**

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_  
(printed name of housing applicant/participant) (printed name of health care professional)  
 to release to the Seattle Housing Authority the information requested below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB \_\_\_\_\_

**Dear Health Care Professional:**

Please see the enclosed form, *Request for Accommodation for a Medical Condition, Disability or Handicap* (SHA-1003PL), and review the special needs indicated by the housing applicant/Participant named above. Then please provide the following information, based on your knowledge of the applicant/participant and his/her family:

- 1) Name(s) of the family member(s) who require an accommodation \_\_\_\_\_
- 2) Is the household member named above disabled?  Yes  No
- 3) If the patient is disabled, are you using the state/local or federal definitions (see page two):  Yes  No
- 4) Please describe the nature and extent of the above named person's disability and the activities this person is unable to perform because of the disability? \_\_\_\_\_
- 5) In your professional opinion, is an accommodation needed, relative to the applicant family member's disability, which would eliminate barriers to services provided by the Seattle Housing Authority?  Yes  No

Please describe the accommodation required: \_\_\_\_\_

Does the applicant/participant require a live-in aide?  Yes  No

Signature of Professional \_\_\_\_\_ Date \_\_\_\_\_

On behalf of the above named candidate, the Seattle Housing Authority appreciates your cooperation and assistance in providing this information and in returning this form at your earliest convenience. We have included a self addressed stamped envelope for your use. Please telephone me at the number below if you have any questions or need any clarification about this process.

SHA Staff \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Please fax this completed document to Seattle Housing Authority, Attention Issuance Team at 206-239-1795 or mail to 907 NW Ballard Way #200, Seattle, WA 98107.**

**PORCHLIGHT – Community Services of the Seattle Housing Authority**  
**Section 8 Housing Choice Voucher Program**  
907 NW Ballard Way, Ste. 200, Seattle, Washington 98107

RECEPTION PHONE: (206) 239-1728  
Fax Number (206) 239-1770

**Fair Housing Act: 42 U.S.C. 802 (h)**

- (1) a physical or mental impairment which substantially limits one or more of such person's major life activities,
- (2) a record of having such an impairment, or
- (3) being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802))

Note: Although Congress recently struck recovering substance abusers and alcoholism from the definition of disability, the legislation did not affect the Fair Housing Act nor state or local law which continues to include such persons within the definition of disability. SHA will continue to include recovering substance abusers and alcoholics within the definition of disability to ensure compliance with the Fair Housing Act, state and local laws.

State of Washington and City of Seattle Define Disability at WAC 162-38-050

- (1) RCW 49.60.222 defines practices in connection with real estate transaction that are unfair when done because of the "presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person." Nothing in this chapter or in RCW 49.60 RCW, however, prohibits treating disabled persons more favorably in a real estate transaction than persons who are not disabled.
- (2) Presence of disability. The presence of a sensory, mental, or physical disability includes, but is not limited to, an **abnormal condition** that:
  - (a) Is medically cognizable or diagnosable;
  - (b) Exists as a record or history; or
  - (c) Is perceived to exist, whether or not it exists in fact.

If SHA receives verification that a person has an "abnormal (medical) condition" that does not meet the federal threshold of constituting a physical or mental impairment which substantially limits one or more of such person's major life activities, SHA will continue to make necessary reasonable accommodations.

However, if a disability qualification is established using the broader state and local definition of disability, SHA will require a participant to re-verify the state and locally defined disability within one year or the next annual review whichever occurs later.

RCW 49.60.222

- (2) For the purposes of this chapter discrimination based on the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a blind, deaf, or physically disabled person includes:
  - (a) A refusal to permit, at the expense of the disabled person, reasonable modifications of existing premises occupied or to be occupied by such person if such modifications may be necessary to afford such person full enjoyment of the dwelling, except that, in the case of a rental, the landlord may, where it is reasonable to do so, condition permission for a modification on the renter agreeing to restore the interior of the dwelling to the condition that existed before the modification, reasonable wear and tear excepted;
  - (b) To refuse to make reasonable accommodation in rules, policies, practices, or services when such accommodations may be necessary to afford a person with the presence of any sensory, mental, or physical disability and/or the use of a trained guide dog or service animal by a blind, deaf, or physically disabled person equal opportunity to use and enjoy a dwelling..."