



PHYSICIAN'S OR HEALTH CARE PROFESSIONAL'S
**DISABILITY EXPLANATION AND
VERIFICATION OF NEED** FOR A REQUESTED
ACCOMMODATION OR MODIFICATION

SHA-967

To determine whether a requested accommodation or modification is reasonable (See enclosed SHA-1003, Request for Accommodation), the Seattle Housing Authority (SHA) needs to know whether:.

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

To assist SHA in making these determinations, please provide the following information:

1. Resident / Applicant:

I, _____, living at _____,

do hereby authorize: _____, to release to SHA the information requested below.
(Physician or Health Care Professional)

Signature: _____ Date: ____/____/____ SSN: _____ DOB ____/____/____
Social Security Number Date of Birth

2. Knowledgeable Provider: Check here if additional comments are included on the back of this sheet or on an attached sheet.

A) Please describe your relationship with the person named above and how long have you had this relationship.

B) For purposes of reasonable accommodations "disability" means any person who has a physical or mental impairment that substantially limits one or more major life activities. Does the person named above have a disability as here defined?

Yes No No Knowledge

C) Is the disability temporary or permanent? If temporary, how long do you expect the disability to continue?

D) Please describe the accommodation required and explain how the accommodation/modification relates to the disability

E) Please explain why this particular accommodation is necessary:

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Completed by (signature) _____ Date _____

Name (please print) _____ Phone _____

Address _____ City _____ ST _____ Zip Code _____

SHA Staff _____ Phone _____ FAX _____

CONFIDENTIAL MEDICAL INFORMATION



Attachment to SHA-967

Dear resident: please present this document to the knowledgeable provider with the SHA-967

For the Knowledgeable Provider:

The connection between the disability and the request

In order to approve an accommodation request, there must be a clear connection between the disability and request for the accommodation. Additionally, the request must be reasonable, necessary, and something that we can do. Finally, please list all alternatives that you feel may address the need.

For example, Shemar has a mobility issue that affects his ability to stand. He needs to transfer to a unit where there is a kitchen and all of the useable elements are accessible from a seated position. As an alternative, he needs modifications in his current unit so that he can use the elements safely.

ADA transfers

ADA transfers are provided for people who need a transfer related to a disability. People seeking ADA transfers do not get a geographical or building preference. ADA transfers are given priority on the waiting list for available vacancies and are moved to the next available unit that provides the requested accommodation feature(s). The resident may have to wait for an ADA transfer. The length of the wait depends on other ADA transfer requests and the frequency of turnover for a particular unit.

Live-In-Aides (LIA)

LIAs can be approved for residents with disabilities who need essential care at least 17 hours a day, seven days a week. The LIA must be in the unit solely to provide care for the resident. A LIA is not a family member and has no rights as a remaining household member.

Assistance Animals

Assistance animals are working animals that perform tasks or provide assistance for a person's disability.

ADA Plans

ADA plans may be requested if needed by a resident. It is essential that SHA understand the specific steps the resident will take to address the issues. . If assistance writing an ADA plan is needed, you may contact SHA's ADA Coordinator.

Please contact SHA's ADA Coordinator if you have questions about accommodations or modifications.