

Verification of Status as a person with a Disability and Need

Housing Provider: Name: _____

Address: _____

City/State/Zip: _____

Name of Tenant/Applicant/Guest Requesting a Reasonable Accommodation or Modification:

The tenant, guest, or applicant listed above requires the reasonable accommodation or modification described in the attached request because of limitations arising from a disability. State and federal laws require housing providers to make reasonable modifications to a dwelling or other parts of the housing community and/or reasonable accommodations to rules, policies, procedures, or services when such changes are not an undue financial **and** administrative burden, or fundamental alteration to a housing program.

The Fair Housing Act as Amended in 1988, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Montana Human Rights Act define "disability" as:

- a physical or mental impairment that substantially limits one or more major life activities;
- a record of having such an impairment;
- being regarded as having such an impairment.

A physical or mental impairment includes, but is not limited to:

- any physiological disorder or condition;
- cosmetic disfigurement;
- anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.
- Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.
- Drug addiction and alcoholism are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and some temporary conditions.

The term "**major life activity**" means those functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working ([24 C.F.R. § 100.201\(b\)](#)). The factors considered when determining if a person is substantially limited in a major life activity are the nature and severity of the impairment, the duration or expected duration of the impairment, and the expected permanent or long term impact of the impairment ([29 C.F.R. § 1630.2\(j\)\(2\)](#)).

IMPORTANT: The health care provider certifying the disability and need for an

accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability, **NOR** specific information about treatment. However, there must be an identifiable relationship between the request and the individual's disability.

As a health care provider with the knowledge necessary to make a determination, I am able to advise that

(name of client)

qualifies as an individual with a disability, experiencing permanent or long term impacts of an impairment substantially limiting major live activities. The following accommodation or modification is consistent with the needs associated with his/her disability and the expected duration of the disability.

Accommodation/Modification Requested:

Please describe the major life activities limited by the disability that specifically relate to the need for the request for a reasonable accommodation or modification:

Examples: sleeping, learning, eating, walking, seeing, working, talking, caring for one's self, etc.

Please describe how this request will ameliorate the limitations of the major life activities referenced above so that an equal opportunity to use and enjoy the premises is available:

Example: Dog alerts client to oncoming seizures, allowing time to take medication and reach a safe environment.

Signature of Health Care Provider

Printed Name and Title

Phone Number: _____

Date: _____