

REASONABLE ACCOMMODATIONS REQUEST VERIFICATION

Date: _____

To: _____
Health Care Provider's Name

Health Care Provider's Address

From: Tarrant County Housing Assistance Office – 2100 Circle Drive., Suite 200, Fort Worth, TX 76119

Household Member's Name: _____

Address: _____

The household member named above has applied for or is receiving federal rental assistance at our site. The household member has requested our approval of an additional bedroom. This bedroom would be for the following reason:

- Live-in aide Medical Equipment Other Medical Reason - Explain _____

If a person who is elderly (age 62 or older), near-elderly (age 50 or older), or has a disability requests approval to have a live-in aide, we must consider the request. We must determine whether the individual qualifies as "disabled" under federal law and whether the person requires the additional bedroom for medical equipment and/or a Live-in Aide.

Please answer ALL questions on this form and return it to our office within five (5) business days. The household member has consented to this release of information, as shown on the next page.

INFORMATION REQUESTED FROM PHYSICIAN/Medical Professional - ALL questions MUST be Answered.

- 1. Is the household member disabled, as defined below? Yes No
- 2. In your professional opinion, does the household member need an extra bedroom? Yes No
- 3. If the extra bedroom is needed to store medical equipment, please name each piece of equipment: _____
- 4. In your professional opinion, does the household member need the services of a live-in aide? Yes No
To perform what duties _____
- 5. What Hours are the services required? ___ Daytime only ___ Nighttime/sleeping hours only ___ 24 Hours per day
Other/Specify: _____
- 6. How Many Days per week are the services of a Live-in Aide required?
___ Weekdays Only ___ Weekends Only ___ Other/Specify _____
- 7. How Long Will the Live-In Aide be required? ___ 1 Month of Less ___ 1-3 Months ___ 1 Year ___ Other/Specify _____
- 8. What qualifications are required of the Live-In Aide? ___ LVN ___ RN ___ Physical Therapist
___ Ability to Lift/carry more than 50 lbs. ___ Ability to Lift/carry more than 100 lbs. ___ No special qualifications required.
Other/Specify: _____

PENALTIES FOR MISUSE AND ABUSE

Title 18, Section 1001 of the U.S. Code, states that a person is **guilty of a felony** for knowingly and willingly **making false or fraudulent statements** to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the Information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure or the information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S. C. 408 f, g and h.

Signature of Physician or Medical Professional: _____ Title: _____

Firm/Organization: _____ Date _____

DEFINITION OF 'DISABLED'

Under federal law, a person with a disability includes (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal

use of a controlled substance) and alcoholism. The term “substantially limits” suggest that the limitation is “significant” or “to a large degree.”

The term “major life activity” means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, and speaking. This list of major life activities is not exhaustive. (24 CFR Part 8, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act, and Fair Housing Act).

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE AGENCY NAME OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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