



Documentation of Disability

(Name of Individual Claiming Disability)

The above-named person is applying for participation in special needs housing. To determine the applicant's eligibility, we must verify that he/she is developmentally disabled as defined in the Developmental Disabilities Act, Section 102(8).

A. A severe, chronic developmental disability which:

1. Is attributable to mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age twenty-two;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
5. Reflects the person's need for a combination of and sequence of special, interdisciplinary, or generic care, a treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

OR

B. Persons with a disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

Certification of Disability

I certify that the above referenced individual is disabled according to the above (please describe condition).

Physician's Name: _____

License Number: _____

Address: _____

Telephone Number: _____

Physician's Signature/Date: _____