

CERTIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY

Federal regulations under the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define "disability" as:

1. a physical or mental impairment that substantially limits one or more major life activities;
2. a record of such an impairment; and/or
3. being regarded as having such an impairment.

A physical or mental impairment includes:

1. any physiological disorder or condition;
2. cosmetic disfigurement;
3. 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; and/or
4. Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.

Drug addiction (other than addiction caused by **current**, illegal use of a controlled substance) and alcoholism (other than addiction caused by **current** use) are covered by these provisions.

IMPORTANT: *The medical/social service professional verifying 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.*

As a medical/social service professional with the knowledge necessary to make a determination, I certify that

(name of client)

qualifies as an individual with a disability as defined above and that the following accommodation and/or modification is consistent with the needs associated with his/her disability.

Accommodation/Modification: _____

Signature of Medical/Social Service Professional

Printed Name, Title and Phone Number

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Date