

The person named above is an Applicant for an accommodation because of disability, and is requesting that HACSL provide them with the accommodation. After you have completed this form, please return it to the Applicant, so they may submit the necessary forms to HACSL for their request to be considered.

1. In my opinion, the Applicant has a disability as defined below. Please check any paragraph below that applies. (If none of these apply, please go to Question 2)
 - A physical or mental impairment that substantially limits one or more major life activities, such as caring for one's self, doing manual tasks, walking, seeing, hearing, breathing, learning and working.
 - A record of having such an impairment. If you check this box answer the following question:
Identify the covered entity that has a record of the Applicant having an impairment that substantially limits one or more major life activities.

 - Is regarded as having such impairment. If you check this box answer the following question:
Identify entity that believes the Applicant has the impairment

 - In my opinion this individual does not qualify as disabled. Please go to end of form, read certification and sign.
2. Specifically identify the major life activities that are affected by the applicant's physical or mental impairment. _____

3. State how applicant is significantly restricted in the condition, manner or duration under which he/she can perform major life activities identified above. _____

4. Is the disability permanent? _____

If not please explain how long the applicant will be disabled and when their status will be reviewed again. _____

In my opinion the applicant's disability requires that one or more of the following categories of accommodations be made in order for the applicant to have an equal opportunity to participate in or benefit from HACSL housing programs.

- A change in my apartment or other part of the housing development
(For HACSL owned properties only:)
- A change in the following rule, policy or procedure
- Other. Please specify: _____



Below are some frequent requests. If your request is listed below please complete the corresponding questions.

Renting from a Relative:

If Applicant is requesting to rent a Section 8 unit from a relative, please respond to the following questions: **(NOTE: YOU MUST TIE THE NECESSITY OF RENTING THE SPECIFIC UNIT IN QUESTION TO THE INDIVIDUAL'S DISABILITY AND EXPLAIN WHY THEY ARE NOT ABLE TO FIND THE SAME ACCOMMODATION IN A UNIT THAT IS NOT OWNED BY A RELATIVE.)**

Does the unit the Applicant is requesting to rent have any special features required because of the Applicant's disability?

- YES
- NO (Please go to the end of this form, read the certification and sign the bottom of this form.)

What are the special features of the unit? Provide a detailed description of each feature.

Identify the relationship or nexus between the special features of the unit and the applicant's disability.

List all modifications made to the unit specifically designed to aid the applicant.

Extra Bedroom

If the applicant is requesting an extra bedroom to store medical and/or exercise equipment, please respond to the following questions: **(NOTE: EXERCISE EQUIPMENT MUST BE PRERESCRIBED FOR THE APPLICANT'S DISABILITY AND CANNOT SIMPLY BE ANY EQUIPMENT THAT WOULD BE BENEFICIAL TO ANYONE'S GENERAL HEALTH).**

Does the applicant need medical or exercise equipment that requires extra storage in a separate location other than the living room, kitchen, or applicant's bedroom?

- YES
- NO

List all equipment the applicant has at home and the approximate size:

Why must the applicant store this equipment in an extra bedroom, instead of another room in the unit?

Where does the applicant use the medial/exercise equipment now? How often is it used?

Identify the relationship or nexus between the applicant's request for an extra bedroom, the needed medical/exercise equipment and the applicant's disability.



Assistive Animals

Federal regulations require HACSL to allow, as a reasonable accommodation, a qualified person with a disability to own and keep an assistance animal (also referred to as a service animal or companion animal), on HACSL's premises. An assistance animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability; or animals that provide emotional support that alleviate one or more identified symptoms or effects of a person's disability. If the Applicant is requesting that they be allowed to keep an assistance animal, please answer the following questions:

Does the applicant require an assistance animal as defined above?

YES

NO

Identify the relationship or nexus between the applicant's request for an request for an assistance animal and the Applicant's disability.

Is the animal trained to provide any specific services?

If the animal has not been trained to provide a service, what unique skills or attributes does the animal have? How do these unique skills or attributes benefit the applicant's disability?

I HEREBY CERTIFY THAT I HAVE READ THE INFORMATION SHEET FOR COMPLETING THE HEALTH CARE PROVIDER'S VERIFICATION OF NEED FOR AN ACCOMMODATION IN HOUSING BECAUSE OF A DISABILITY AND I UNDERSTAND ITS CONTENTS. I FURTHER CERTIFY THAT ALL INFORMATION I PROVIDED IN THIS FORM IS ACCURATE, COMPLETE, AND CURRENT. FINALLY, I UNDERSTAND THAT I CAN BE SUBPOENAED TO TESTIFY IN ANY TRIALS OR HEARINGS RELATED TO THE APPLICANT'S REQUEST.

Signature of Health Care Provider

Thank you. If you have any questions, please contact the 504 Coordinator, Janice Kimball at 801-284-4423, jjkimball@hacsl.org or 3595 South Main Street, Salt Lake City, UT 84115.



INFORMATION FOR COMPLETING THE HEALTH CARE PROVIDER'S VERIFICATION OF NEED FOR AN ACCOMMODATION IN HOUSING BECAUSE OF A DISABILITY

The Housing Authority of the County of Salt Lake ("HACSL") is a federally funded program. Therefore, the Americans with Disabilities Act ("ADA") and Section 504 of the Rehabilitation Act of 1973 ("Section 504") require HACSL to provide reasonable accommodations to qualified program applicants or participants of the Section 8 and public housing programs (herein referred to as "Applicant"). The ADA and Section 504 require that, HACSL verify that the requested accommodation is necessary to give the Applicant an equal opportunity to participate in, or benefit from, HACSL housing programs. HACSL has implemented a process to review requests for accommodations submitted by the Applicant. The attached form provides HACSL with verification of the Applicant's disability, and the necessity of the requested accommodation.

HACSL may also verify the Applicant's disability only to the extent necessary to ensure that the Applicant has a need for the requested accommodation. Therefore, please **DO NOT provide medical records, or specify the Applicant's disability, or provide any specific details about the nature of the disability in your response.** HACSL requires documentation of the manifestation of the disability that causes a need for the requested accommodation.

WHAT QUALIFIES AS A DISABILITY?

A person with a disability is one who:

1. Currently has a physical or mental impairment that substantially limits one or more major life activities, such as caring for one's self, doing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working; or
2. Has a record of such an impairment; or
3. Is regarded as having such impairment.

This definition may differ from the medical definition of "disability." However, this is how "disability" is defined by the ADA and Section 504, and is the definition you must use in evaluating and certifying whether the Applicant meets the definition of a person with a "disability." You must strictly interpret and apply this legal definition. The key words in this definition are, "substantially limits" one or more "major life activities."

The United States Supreme Court has ruled that a person is "substantially limited" in performing a major life activity only if the impairment, on a permanent or long-term basis, prevents or severely restricts the Applicant from engaging in certain major life activities. A major life activity is "substantially limited" if the Applicant is unable to perform a particular life activity that the average person in the general population can perform, or is significantly restricted in "the condition, manner, or duration" under which he/she can perform a particular life activity as compared to an average person in the general population. If the impairment interferes only in a minor way or for a short period of time with the performance of a stated major life activity, the Applicant is not disabled because the impairment is not "substantially limiting."



Based on this definition, it is clear that any number of impairments, such as arthritis, carpal tunnel syndrome, etc., may not fall within the legal definition of "disability," in which case the Applicant is not qualified for an accommodation. Physical or mental impairment does not include simple physical characteristics such as blue eyes or black hair, nor does it include environmental, cultural, economic or other disadvantages such as having a prison record. Your role, as the health care provider, is to provide HACSL with your medical opinion regarding whether the Applicant's current impairment meets the legal definition.

It is not possible to include a list of all the specific conditions or diseases that would or would not constitute a physical or mental impairment because of the difficulty of ensuring the comprehensiveness of such a list; however below are some qualifying mental and physical impairments, and a list of some of the exclusions under the law.

Qualifying Mental and Physical Impairments:

1. A mental impairment includes, but is not limited to, mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
2. A physical impairment includes, but is not limited to, cosmetic disfigurement; anatomical loss affecting the neurological, musculoskeletal, sensory, respiratory, cardiovascular, or reproductive, digestive, genito-urinary, hemic, lymphatic or skin systems; or AIDS or HIV Positive.
3. A mental or physical impairment includes, but is not limited to, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, alcoholism or drug addiction.

However, a diagnosis of an impairment alone is not determinative of whether an Applicant is disabled. As explained below, the impairment must severely restrict one or more of the Applicant's major life activity(ies). As the Applicant's Health Care Provider, you must provide HACSL information regarding how severely the Applicant's major life activity(ies) are affected by their impairment. For example, an Applicant diagnosed with an impairment of diabetes may or may not be disabled. If the Applicant has lost their eye sight because of the diabetes, they may be disabled because their major life activity of seeing is substantially limited by the impairment of diabetes. On the other hand, if the Applicant simply has to monitor their glucose levels and the diabetes does not substantially limit their major life activities they are not disabled.

WHAT QUALIFIES AS A MAJOR LIFE ACTIVITY?

"Major life activity" refers to those activities that are of central importance to most people's daily lives. This includes such basic abilities as breathing, walking, seeing, sleeping, hearing, and performing manual tasks. The tasks in question must be central to daily life. It is insufficient for Applicants attempting to prove disability status under the ADA or 504 to merely submit evidence of a medical diagnosis of an impairment. Instead, to prove a disability they must offer evidence that their performance of a major life activity is severely restricted as to condition, manner, or duration under which such activity can be performed in comparison to the average person in the general population

WHAT IS A REASONABLE ACCOMMODATION?

A reasonable accommodation is a modification to an Applicant's unit, common or public areas of the facility, or a change in rules, policies, practices or services that will allow a person with a disability to have an equal opportunity to participate in, or benefit from, HACSL housing programs.



An accommodation is not reasonable, simply because the Applicant is disabled. **The accommodation must be reasonable and there must be an identifiable relationship, or nexus, between the requested accommodation and the Applicant's disability.** Therefore, you must provide your professional opinion and certify as to why the requested accommodation is necessary in order for the Applicant to have an equal opportunity to participate in, or benefit from, HACSL housing programs, because of the Applicant's disability. For example, if the Applicant is requesting that grab bars be installed in the bathtub, you could state that, "Patient requires grab bars because he/she lacks flexibility and grab bars would provide them stability in entering and exiting the bathtub."

MEDICALLY NECESSARY

Medically Necessary are procedures, treatments, supplies, devices, equipment, facilities or drugs (all services) that a medical practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- in accordance with generally accepted standards of medical practice; and
- clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and
- not for the convenience of the patient, physician or other health care provider; and
- not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

On the attached form you must:

1. specifically identify the major life activities that are affected by the Applicant's disability;
2. describe how these major life activities are substantially affected by the Applicant's disability;
3. explain how the accommodation is directly related to the Applicant's disability; and
4. describe any corrective measures that would mitigate the disability.

Please return to the applicant the Health Care Provider Verification of Need for an Accommodation in Housing Form

