



VERIFICATION OF DISABILITY STATUS FOR USE WHEN REQUESTING A REASONABLE ACCOMMODATION

RE: _____
Name of Applicant / Participant Date of Birth

Address City State Zip Telephone

I authorize the release of information, relative to my physical or mental impairment, to verify the need for the reasonable accommodation I have requested, to the Housing And Community Services Agency of Lane County.

Signature Date



Section 504 of the Rehabilitation Act of 1973, as amended, defines Individuals with Disabilities as any persons who:

1. have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working); or
2. have a record of such an impairment (have a history of, or have been misclassified as having a mental or physical impairment that substantially limits one or more major life activities); or
3. are regarded as having such an impairment.



CERTIFICATION OF DISABILITY

In my professional opinion, _____ does does not (please check one) meet the definition of an Individual with a Disability, as defined above.

Signature Date

Printed Name and Title Telephone Number

Address City State Zip

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.