



25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
Fax (207) 376-0178
www.caribouhousing.org



REASONABLE ACCOMMODATION CERTIFICATION OF NEED, THIRD-PARTY VERIFICATION

The Caribou Housing Authority has received a request for a Reasonable Accommodation from _____ (clients/patients name), who is requesting:

- An extra bedroom for a live-in aide
- An extra bedroom for medical equipment
- An extra bedroom for a person with a disability
- Approval to rent a unit owned by a relative

I, _____, authorize my licensed physician, psychiatrist, nurse-practitioner, social worker, rehabilitation professional, or other licensed professional to release the specific information requested below to the Caribou Housing Authority to verify my request for a reasonable accommodation.

x. _____
Signature of Head of Household or authorized Guardian/POA Date

**** If the Household Member needing the accommodation(s) under 18 years of age, are you the parent or guardian of Household Member needing the accommodation? Yes No**

This section may not be completed by the Applicant or Participant.

A. MY CLIENT/PATIENT does does not (please check one) meet the following definition of disabled:

_____ An individual has a physical, mental, or emotional impairment that; is expected to be of long-continued and indefinite duration; substantially impedes their ability to live independently; is of such nature that the ability to live independently could be improved by more suitable housing conditions.

_____ An individual has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000: A severe chronic disability of an individual that is: Is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitation in: three or more of the following areas of major life activity: Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong extended duration and are individually planned and coordinated.

_____ An individual with a disability as defined in Section 504 regulations as: "Any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment [24 CFR 100.201]. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and

caring for one-self. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such impairment.”

No information regarding the nature or severity of the disability should be provided.

B. IN YOUR PROFESSIONAL OPINION:

Extra Bedroom Request Needed:

It is my professional opinion that the patient/client **does** require an additional bedroom for:

- A Live-in Aide
- Medical equipment or assistive device
- For a person with a disability
- Other reason (please explain) _____

Extra Bedroom Request Not Needed

It is my professional opinion that the patient/client **does not** require an additional bedroom because:

- Necessary service could be provided through another accommodation
- Patient/client does not meet the definition of a disabled or near-elderly person
- Medical equipment could be used/stored in a place other than an additional bedroom.
- Person with a disability does not need a separate sleeping space
- Other reason (please explain) _____

Rent A Unit Owned by a Relative

It is my professional opinion that the patient/client should rent a unit that is owned by a relative to help with daily living needs.

- Yes
- No
 - Necessary service could be provided through another accommodation
 - Patient/client does not meet the definition of a disabled or near-elderly person (50 to 61 years of age)

CERTIFICATION:

I understand that I may be contacted by Caribou Housing Authority’s staff to verify the information I have provided on or to provider further information/clarification regarding this request.

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

Name or Provider: _____ Field of Practice: _____

Agency/Clinic/Facility: _____

Mailing Address: _____

Phone: _____ Fax: _____

x. _____
Signature of Provider Date