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http://www.housingkitsap.org

GUIDANCE FOR VERIFICATION LETTER FROM QUALIFIED PROFESSIONAL

REV 3.7.18

You may have Housing Kitsap complete a 3rd party verification of the accommodation/modification request for the household member or you may have a health care provider/qualified individual complete a verification letter on the household members behalf. If you choose to submit a verification letter then it may come from a medical professional, peer support group, non-medical service agency, or a reliable third party who is in a professional position to have knowledge about the person's disability and need for the accommodation. The verification letter should state that the person meets the definition of disability and that the requested accommodation is necessary and disability-related. The verification letter should not include medical records or detailed information about the disability. Remarks should be limited to describing functional limitation(s) and to confirm that the accommodation that is being requested is relevant to the person's need.

The verification should include the following items:

- I. Qualification of person writing the verification letter.
- II. Nature of relationship the professional has with the person making the request.
- III. **Statement that** the person has a disability that meets the state and/or federal definition.
 - *Disability Definitions

Washing State Law (RCW 49.60) - Disability is defined as, the presence of a sensory, mental, or physical disability when a condition is medically cognizable or diagnosable, exists as a record or history, or is perceived to exist whether or not it exists in fact.

Federal Law – Disability is defined as, "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment." *Major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*

IV. **Describe how the accommodation or modification requested is necessary** to afford the person the equal opportunity to access housing, maintain housing, or for full use and enjoyment of the housing or housing related service. Because housing providers must make only those accommodations or modifications that are necessary, <u>be sure to use words like: "necessary", "essential", "prescribed"; when describing that the condition creates a need for the accommodation or modification.</u> The role of the verifier is to establish that the need derives from the disability.

Sample Verification Letter for Reasonable Accommodation / Modification

Date: January 1, 2015

Re: John Smith's request for a reserved accessible parking space adjacent to his apartment.

Please accept this correspondence as verification that:

- I. I am licensed medical doctor.
- II. I have treated John Smith since May 2008 for a disability-related condition.
- III. <u>John Smith</u> is a person with a disability as defined by the Washington State Law (RCW 49.60) or Federal Law.
- IV. Designating a reserved accessible parking space adjacent to his apartment is necessary to afford Mr. Smith the opportunity to access and fully use and enjoy his home.

Please approve John Smith's request for a reserved accessible parking space adjacent to his apartment.

Signature: <u>Dr. Leon Jones</u>
Printed Name: <u>Dr. Leon Jones</u>
Professional Title: <u>Medical Doctor</u>

Name of Clinic, Hospital, Agency, etc: Harrison Hospital

Address: 500 First Ave, Bremerton, WA 98312

Phone Number: <u>(360) 377-1212</u> Fax Number: <u>(360) 377-1234</u>

This institution is an equal opportunity provider and employer.