



Providing Homes, Creating Community, Changing Lives

# Disability Verification

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4630 | f: 303-302-1658 | www.boulderhousing.org

## Tell Us About Your Doctor/Physician – Complete the top portion only and take to your medical provider.

<b>Doctor or Clinic Name</b>	<b>Doctor or Clinic Fax #</b>	<b>Doctor or Clinic Phone #</b>
<b>Clinic/Medical Institution Address</b>		
<b>Applicant/Participant Name</b>	<b>Head of Household Name</b>	
<b>Applicant/Participant Social Security #</b>	<b>Applicant/Participant Date of Birth (MM/DD/YYYY)</b>	

### Consent to Release Information: My signature below authorizes verification of my disability.

Applicant/Participant Signature

Date

The above Applicant/Participant is applying to/participating in a housing program that requires verification of disability. The individual has signed a release above giving you permission to supply us with information requested. The information provided will remain confidential.

**This section to be completed by qualified medical staff as defined in U.S. Code: Title 42, 1437a**

**Attention Medical Provider: Please fill out the information below as completely as possible and return to Boulder Housing Partners via fax (303-302-1658) or email ([hcv@boulderhousing.org](mailto:hcv@boulderhousing.org)) or mail (4800 Broadway, Boulder, CO 80304).**

The determination of disability status, as defined by Congress, must be based on a professional medical evaluation.

CERTIFICATION OF AUTHORIZED MEDICAL PERSONNEL AS DEFINED ABOVE

(Please check only **one** box)

1.  I find this individual has a physical or mental impairment that limits one or more major life functions that has lasted or is expected to last for a continuous period of not less than 12 months.
- OR-
2.  I find this individual does not have a physical or mental impairment that substantially limits one or more major life functions and is expected to last, or has lasted, less than 12 months.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

Signature of Evaluator/Diagnostician

Title

Date

Eligible evaluators include: State Licensed Medical Professional, Social Security Administration Representative, Certified Substance Abuse Counselor

Print name of Evaluator/Diagnostician

Telephone



Hearing Assistance  
1-800-659-3656

