



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.

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

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) 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

