ROSEVILLE HOUSING AUTHORITY
311 VERNON STREET • ROSEVILLE, CA 95678
(916) 774-5270 • TDD (916) 774-5220 • FAX (916) 746-1295

CERTIFICATION OF PERSON(S) WITH DISABILITIES

TO WHOM IT MAY CONCERN:

I _____ give permission for _____ to complete the following
(Patient Name) (medical professional)
certification below and return this form to the Roseville Housing Authority by secure fax to (916) 746-1295. I understand that this information will be used only for the Housing Choice Voucher Program in accordance with federal regulations.

_____ _____
Date Signature of patient

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I. 42 U.S.C. Section 423 d)(1)(A) defines person's with disabilities as:

"Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 416(i) (1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

II. The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) defines developmental disability in functional terms as: "A severe, chronic disability of a person 5 years of age or older which:

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments:
(B) is manifested before the person attains age twenty-two;
(C) is likely to continue indefinitely;
(D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care,(ii) receptive and responsive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic and self-sufficiency; and
(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

Based on the above definition, please indicate your determination regarding the individual named above:
_____ Is disabled _____ Is not disabled

SIGNED: _____

(Professional Title) _____

Address _____

Phone: _____

DATE: _____

Stamp verification of professional status below
in the event RHA needs to make contact

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