

# SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) VERIFICATION OF DISABILITY / SPECIAL NEED



					Application ID #			
Program Selection:	Home Repair Program (HRP)		Disaster Recovery 21 (DR21)   Pathway:			Reimbursement:	Repairs:	
	Disaster Recovery 2024 (DR24)		Other:					
Applicant Name:			Co-Applicant Name:					
Is this form being completed for a listed household member:			Yes	No	If YES, list HH Name:			
Home Address		City		State		Zip Code		

**To the medical professional whose certification of disability is requested below**

**Applicant statement of need for Modifications due to my disability.**

I,  **elect to request** ADA modifications.

I,  **elect not to receive** ADA Modifications to my home.

The Applicant has asserted that he/she, or the member of his/her household named above, has a disability which prioritizes the household for program assistance. Disability-based programs are a priority and must be documented by the opinion of a medical professional. An authorized individual has lawfully consented to release the medical opinion below regarding the claimed disability to the City of Houston. All information provided by a medical professional will be used solely to establish disability status. The City of Houston may not ask about the nature of an individual's disability, and medical professionals should not disclose specific details or diagnoses. For purposes of program priority, an applicant must have a disability as defined under one or more of the statutes whose relevant provisions appear in the attached Appendix to this form.

**To the applicant and/or person claiming disability**

The undersigned medical professional has knowledge of whether the claimed disability meets the definition applicable to this Verification so you or your household may qualify for housing assistance as a priority under the Program. **YOU ARE NOT OBLIGATED TO CONSENT TO THE RELEASE OF THIS INFORMATION**, however, the City of Houston must receive the information requested from the medical professional to determine any applicable priority status or need. Minimum information will be requested from the medical professional to determine if the applicable definition of disability has been met.

I hereby authorize release of the requested information to the City of Houston before the stated expiration date.

Signature of Authorized Person	Date	Date Authorization Expires
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**CERTIFICATION OF DISABILITY**

I hereby certify that, in my medical opinion, the disability claimed by the above-named Applicant or person claiming disability.

**Does** ☐ **Does Not** ☐ meet the definition of disability set forth in this verification.

Medical Professional Signature	Medical Professional Printed Name	Title	Phone Number	Date
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This page is used to specify construction accommodations necessary to provide for the disabled individual's long-term needs. The Applicant is requested to return this form to the Housing and Community Development Department (HCDD) or its representatives during consultation to determine eligibility and level of housing benefits.

Name of Person Claiming Disability

Information Requested	Please read below and place an "X" in the applicable box that accurately describes the person listed above and his/her accessibility needs.		
By default, Applicant will receive Standard Tub/Shower without grab bars unless this sheet specifies otherwise. Please review the ADA Bath Style Options and mark the single best option that assists the disabled person.			
HC-1 Standard Tub/Shower	HC-2 ADA TAS Tub/Shower	HC-3 ADA TAD Roll-In Shower	N/A-Standard Tub/Shower
By default, the HC selection marked above will be installed in the Master Bathroom. If Applicant needs the HC selection installed in a different bathroom, please mark the box to the right. <small>*ADA accommodations are only allowed in one bathroom.</small>		HC Selection to be installed in the following bathroom	
Additional Accommodations (Mark only the options that apply)			
Vinyl Flooring (No Carpet)	Dishwashing Machine	Visually Impaired	Hearing Impaired
Notes: All standard and HC selected bathrooms will have toilet seats that are elevated to ADA standards. All dwellings will have no-step access, meaning either a ramp or lift will be installed if elevated.			
Justification:			

ADA Bath Style Options*	*Final design, color, or layout of amenities may vary from those shown below. HC designates "Handicap" options.		
HC-1 Standard Tub/Shower with Blocking and Grab Bars	HC-3 ADA TAS Roll-In Shower with Grab Bars, fold-up seat, and shower wand		
			
HC-2 ADA TAS Tub/Shower with Grab Bars, fold-up seat, shower wand	FYI: HC-2 and HC-3 may include accessible vanity		
			

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## Appendix

In order to qualify for Program priority housing assistance, an applicant or person claiming a disability must meet the definition of disability, person with a disability, handicapped person, or disabled/incapacitated person contained in one or more of the following laws:

- (A) The Social Security Act, as amended, 42 U.S.C. § 423(d) (2012):
1. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
  2. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purpose of this definition, the term blindness, as defined in 42 U.S.C. § 416(i)(1)(B), means central vision acuity of 20/200 or less in the better eye with use of a corrective lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

- (B) The Americans With Disabilities Act of 1990, as amended, 42 U.S.C. § 12102(1)-(3)(2012):
1. A physical or mental impairment that substantially limits one or more major life activities of an individual;
  2. a record of such impairment; or
  3. being regarded as having such an impairment (as described below)

For purposes of paragraph 1, major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing hearing, eating sleeping, walking, standing, lifting , bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

For purposes of paragraph 1, major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bladder, neurological, respiratory, circulatory, endocrine, and reproductive functions.

For purposes of paragraph 3, an individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under the ADA because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. Paragraph 3 shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

- (C) United States Department of Housing and Urban Development regulations, 24 C.F.R. §§ 5.403 and 891.505 (2012):
1. Any adult having a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
  2. A person with a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)), i.e., a person with a severe chronic disability that:
    - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
    - (ii) Is manifested before the person attains age twenty-two;
    - (iii) Is likely to continue indefinitely;
    - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity;
      - (A) Self-care;
      - (B) Receptive and expressive language;
      - (C) Learning;
      - (D) Mobility;
      - (E) Self-direction;
      - (F) Capacity for independent living;
      - (G) Economic self-sufficiency; and
    - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
  3. A person with a chronic mental illness, i.e., if he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

For the purpose of this definition disability includes the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, and does not include a condition based solely on any drug or alcohol dependence.

- (D) Texas Department of Aging and Disability Services regulations, 40 T.A.C. § 48.1201(12) (2012):

A person who, because of physical, mental, or developmental impairment, is limited temporarily or permanently in his capacity to adequately perform one or more essential activities of daily living, which include, but are not limited to, personal and health care, moving around, communicating, and housekeeping.