



VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION/MODIFICATION

Resident Name: _____ Address: _____

Phone: _____

I have requested the accommodation/modification listed on the attached Resident's Reasonable Accommodation/Modification Request Form and ask that you fill out the following verification.

Resident Signature: _____ Date: _____

Verification: The individual who has signed above has requested the attached reasonable accommodation(s)/modification(s) and has requested that you provide verification:

Please indicate here:

a. Do you have a professional relationship involving the provision of health care or disability related services with the individual listed above?

Yes No

b. Does the individual listed above have a physical or mental impairment?

Yes No Cannot Verify

c. Does the individual's impairment substantially limit one or more major life activities?

Yes No Cannot Verify

d. Do you believe the requested accommodation/modification is necessary because of the individual's disability and will achieve its stated purpose?

Yes No Cannot Verify

e. If the accommodation is for an emotional support or service animal, please describe the type of animal.

f. Is there any other information that would be helpful in making the right accommodation/modification for this person?

Signature: _____ Date: _____ Title of Physician or Professional: _____

Address: _____ Phone: _____

Note: We are not requesting a diagnosis or specific details about the disability or its severity.