

HAWAII PUBLIC HOUSING
AUTHORITY
P.O. Box 17907
Honolulu, HI 96817

PHYSICIAN'S CERTIFICATE OF "DISABLED" OR "HANDICAPPED" FORM

Re: _____

TO WHOM IT MAY CONCERN:

Please complete this Certification as requested by the individual listed below. Please return form by: _____

Call _____ at _____ if you have any questions.
Thank you for your cooperation.

- I. In my opinion, the above named individual meets the following definition of (1) a "disabled person" or (2) a "handicapped person".

CHECK OFF ANY OF THE BLOCKS IF APPLICABLE

- (1)(a) Section 223 of the Social Security Act defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (b) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 6001(7)) defines developmental disability as:
"Severe chronic disability that: (a) is attributed to mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in 3 or more of the following areas of major life activity; (1) Self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, and (6) economic self-sufficiency; and (7) 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."
- (2) This person has a physical or mental impairment that (a) is expected to be of long continued and indefinite duration, and (b) is of such a nature that such ability could be improved by more suitable housing conditions.

- II. In my opinion, the above-named individual does **NOT** meet either of the above definitions of a "disabled person" or a "handicapped person."

Physician's Signature

Physician (Please Print)

Address

Phone Number

Date

TENANT/APPLICANT RELEASE

I, _____ hereby authorize _____

to release the above requested information.

Signature _____

Date _____