

Form 7: Verification of Disability

Reconstruction, Rehabilitation, Elevation and Mitigation (RREM) Program

NCCONSTRUCTION	, Neriabilitation	, Lievation and	iviitigatioi	I (INNLIVI) FI	ograni	
				RREM ID		
				NUMBER		
Applicant Name:						
			l		<u>.</u>	
Applicant Address:						
Phone Number:						
Name of Household Member						
Claiming Mobility Need (if						
different from Applicant):						
To the medical professional whose certification is requested below:						
The New Jersey Department of Community Affairs (DCA) is utilizing U.S. Department of Housing and Urban Development Community						
Development Block Grant Disaster Rec	, , ,	•	•		, ,	
Sandy. The Applicant named above have enhanced by the housing benefit provi						
medical professional. An authorized in						
regarding the claimed disability. All in						
to their housing needs. The Program r						
specific details or diagnoses. A claimant must have a disability as defined under one or more of the statutes as listed below.						
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						
that you or your household may qualif			_			
TO THE RELEASE OF THIS INFORMATION . However, a Program representative must receive the information requested from the medical professional to determine any special housing needs. The RREM Program may request from the medical professional only the minimum						
information necessary to determine whether the applicable definition of disability has been met.						
I hereby authorize release of the requested information to the RREM Program before the stated expiration date.						
Signature of Authorized Person		Date	Dat	te Authorizatior	n Expires	
For the purposes of receiving special housing accommodations under this Program, an applicant or person claiming 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 lav	/S :					
(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 hot 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 correcting 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, bowel, bladder, neurological, brain, 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 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;

- (E) Self-direction;
- (B) Receptive and expressive language;
- (F) Capacity for independent living;

(C) Learning;

(G) Economic self-sufficiency; and

- (D) Mobility;
- (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.

CERTIFICATION OF DISABILITY AND HOUSING MO	ODIFICATIONS:					
I hereby certify that, in my 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.						
PLEASE DO NOT PROVIDE DETAILED INFORMATION ON THE PERSON'S DISABILITY.						
This Applicant (or person claiming disability) could benefit from the following housing modifications (check all that are applicable):						
Ramp for entrance/egress to elevated dwelling						
Mechanized lift/elevator for entrance/egress to elevated dwelling						
Other (please be specific on necessary housing accommodations:						
Signature of Medical Professional	Title and Organization					
Printed Name:	Date:					