



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

- 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

NOTE: If this is a developmental disability, would this individual be institutionalized if they did not receive paid supportive
services from a state agency, such as IHSS? ___ Would be institutionalized ___ Would not be institutionalized

SIGNED: _____
(Professional Title) _____
Address _____
Phone: _____
DATE: _____

Stamp verification of professional status below
in the event RHA needs to make contact
[Empty box for stamp verification]