



Lancaster City Housing Authority ♦ 325 Church St. ♦ Lancaster, PA 17602-4201
Section 8 Assisted Housing Program
Phone 717-397-2835 ♦ Fax 717-392-2346

_____ Date

Re: _____

The person listed above has notified us that he/she is disabled per the below definition. In order for us to clarify this person's disability we need verification from a physician that the person meets the definition below.

SHP Disability Definition

A person with disabilities means a household composed of one or more persons at least one of whom is an adult with a disability.

1. A person shall be considered to have a disability if such person has a physical, mental or emotional impairment which is expected to be of a long continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that such ability could be improved by more suitable housing conditions.
2. A person will also be considered to have a disability if he or she has a developmental disability, which is severe, chronic disability that
 - a. Is attributable to a 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 three or more of the following areas of major life activity:
 - i. Self Care
 - ii. Receptive and expressive language
 - iii. Learning
 - iv. Mobility
 - v. Self Direction
 - vi. Capacity for independent living, and
 - vii. Economic self sufficiently and
 - viii. 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.

I certify that the above listed person is disabled and meets the requirements listed above.

Yes _____ No _____ _____
Physician's Signature

Requested By: _____