

CARE PROVIDER CERTIFICATION

EXTRA ROOM / REASONABLE ACCOMMODATION

	erson requesting an extra bedroom, cation regarding their request: A release form author	, has rizing you to provide this information i	asked that you complete this s attached
1. V	That is your relationship to this person, and what qualifies you to make the assessments sought on this form? If ou provide medical or other services to this person, please state how long you have done so and in what capacity.		
2. T	This person is (check any that apply): [] elder <u>Disability</u> : a physical or mental impairment that activities include caring for oneself, performing m lifting, bending, speaking, breathing, learning, rea	substantially limits one or more manual tasks, seeing, hearing, eating	najor life activities. Major life , sleeping, walking, standing,
3. V	What is the anticipated duration of the disabili []temporary/under 12 months []perma	•	-
4. Is	s an extra bedroom necessary to allow the pers [] Necessary [] Beneficial; not nece	essary [] Not beneficial;	their housing program/unit? [] Not enough information to say
5. Is	Is the need for the bedroom due specifically to their elderly status, disability, or medical condition? []yes []no []unsure		
	How will the extra bedroom be used? If the extra room is for medical equipment, please provide the dimensions and/or functional requirements.		
7. V	Why are other spaces (such as the living room) inadequate?	
8. H	Iow will an extra bedroom remove barriers ar	nd limitations posed by the perso	on's disability?
9. V	Vould you be willing to testify on the patient's be	ehalf to the information provided o	on this form? [] Yes [] No
ertify t	that it is my professional opinion that the above-named my professional opinion is in compliance with applical	d person has a qualified disability that l ble laws, regulations, standard industr	has a verifiable need for accommodation y practices and licensing guidelines.
Signa	ture	Name	Date
Addre	ess	Title	Phone

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.