

## **Guidance for Health Care and Qualified Professionals:** **Verifying Reasonable Accommodation and Modification Requests**

Dear Health Care Provider or Qualified Individual:

Fair housing laws allow an individual who has a physical, mental, or sensory disability to request that a housing provider grant him/her a reasonable accommodation (a change in rules, policies, or practices) or reasonable modification (a structural change to a dwelling). Once an applicant or resident has made a request, a housing provider may ask that the person obtain written verification of disability and/or verification of the need for the accommodation, if not obvious or known.

Verification of disability or need may come from a medical professional, peer support group, non-medical service agency, or a reliable third party who is in a professional position to have knowledge about the person's disability and/or need for accommodation. The verification should state that the person meets the fair housing definition of disability, and that the requested accommodation is necessary and is related to the disability.

For the purposes of requesting a reasonable accommodation or modification in housing in Washington state, **disability is defined as “the presence of a sensory, mental, or physical impairment that: (i) is medically cognizable or diagnosable or (ii) exists as a record or history or (iii) is perceived to exist whether or not it exists in fact.”** Additionally, “a disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated ... or whether or not it limits any other activity....” (RCW 49.60.040)

### **The verification should include the following items:**

- I. **Qualification of person** writing the verification letter.
- II. **Nature of relationship** the professional has with the person making the request.
- III. **Statement that** the person has a disability that meets the state definition above.

**Important Note:** Revealing a diagnosis puts an individual at risk of additional discrimination. Before naming a specific diagnosis or category of disability, obtain the person's informed consent.

IV. **Describe how the accommodation or modification requested is necessary** to afford the person the equal opportunity to access housing, maintain housing, or for full use and enjoyment of the housing or housing related service. Because housing providers must make only those accommodations or modifications that are necessary, be sure to use words like: “necessary,” “essential,” “prescribed”; when describing that the condition creates a need for the accommodation or modification. The role of the verifier is to establish that the need derives from the disability.

**Verification for Reasonable Accommodation / Modification**

Re: Tenant Name: \_\_\_\_\_ request for a \_\_\_\_\_  
\_\_\_\_\_.

Please accept this correspondence as verification that:

- I. I am a \_\_\_\_\_.
- II. I have treated \_\_\_\_\_ since \_\_\_\_\_ for a disability-related condition.
- III. \_\_\_\_\_ is a person with a disability as defined by the Washington Law Against Discrimination (RCW 49.60).
- IV. How will the request aid the tenant with their disability?  
\_\_\_\_\_  
is necessary because/for \_\_\_\_\_  
\_\_\_\_\_

Please approve the request for (specific description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Name of Clinic, Hospital, Agency, etc.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_