



Texas General Land Office
Community Development and Revitalization
14.27 Verification of Disability

General Information		
GLO's Designated Representative ("GDR") Name:	Contract No. and/or WO:	
Applicant Name:	Co-Applicant Name:	
Name of Person Requesting Modification (if different from Applicant or Co-Applicant):		
Physical Address:		
City:	State: Texas	Zip Code:
Instructions		
<p>In order to render assistance to program applicants or other persons requesting reasonable modifications to the design features of their home, the GLO must verify the applicant's need for the modification. There are three methods of verification, depending upon whether there is an apparent disability, the need for the modification requires certification from a medical professional, or whether the person requesting the modification receives disability-related federal benefits. Please proceed to the section below that corresponds to the circumstances of the applicant or other person requesting the modification named above.</p>		
Disability (Choose ONE)		
<div style="margin-bottom: 10px;"><input type="checkbox"/> 1. Obvious Disability: Check this box if, in the reasonable judgment of the GLO's Designated Representative ("GDR"), the person named above has an apparent need for a modification to design standards. Examples of apparent need are blindness or permanent necessity of wheelchair use. No further verification is required.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> 2. Receipt of Federal Disability Benefits: Check this box if the person named above receives disability-related Social Security ("SSDI"), Supplemental Security Income ("SSI"), Veterans' Administration ("VA"), or other federal benefits. GDR must be able to verify current benefits through reasonable documentation that may include a benefit verification letter from the federal agency involved, canceled checks or direct deposit documents, a completed CDBG-DR Program Form 14.10 ("Verification of Social Security Benefits") showing receipt of SSDI or disability-related SSI benefits, or like records. No further verification is required. Type of Documentation Provided:</div> <div><input type="checkbox"/> 3. Certification of a Medical Professional: Check this box if the person named above does not have an apparent disability-related need and does not receive disability-related federal benefits. In such circumstances, the need for modifications can only be verified through certification by a medical professional. The GDR must obtain such certification as directed below.</div>		

Construction Modifications

This section is used in certain applications to specify construction modifications necessary to provide for the individual's use of their home. The Applicant is requested to return this form to the GLO or its representatives during application processing to determine eligibility and level of benefits.

Please read below and place an "X" in the applicable box that accurately describes the person listed above and his/her accessibility needs.

1) By default, Applicant will receive Standard Tub/Shower without grab bars unless this sheet specifies otherwise. Please review the Accessible Bath Style Options and mark the single best option that assists the person. Note: Per the GLO Construction Manual, accessible features will be designed and constructed to the ADA 2010 Standards, with HUD exceptions, unless otherwise specified by the applicant through a reasonable modification. NOTE: Options HC-3 and HC-4 can also include an accessible vanity, as well as accessible kitchen features (if requested and identified below under section 3).

☐ HC-2 Tub/Shower with Blocking & Grab Bar
(Non-ADA Compliant)

☐ HC-3 Tub/Shower with Blocking, Grab Bars, Fold-up Seat, Shower Wand
(ADA Compliant)

☐ HC-4 Roll-In Shower with Grab Bars, Fold-up Seat, Shower Wand
(ADA Compliant)

☐ N/A-Standard Tub/Shower

2) By default, the HC selection marked above will be installed in the Master Bathroom. If the person requesting the accommodation needs the HC selection installed in a different bathroom, please mark the box and specify the preferred bathroom.

☐ HC Selection to be installed in the following bathroom:

3) Additional Modifications (Mark only the options that apply):

Note: All standard and HC selected bathrooms will have toilet seats that are elevated to ADA standards. All dwellings will also have no-step access. For example, a ramp or lift will be installed if elevated.

☐ Accessible bathroom vanity

☐ Accessible kitchen features

☐ Visually Impaired

☐ Hearing Impaired

4) Provide explanation for selections made above OR any additional modifications that are recommended by the medical professional that may apply:

Signatures

To the applicant and/or person requesting modifications:

The undersigned medical professional has knowledge that the person requesting the modification is doing so to facilitate their participation in the GLO Disaster Recovery Program. **THE APPLICANT OR PERSON REQUESTING MODIFICATIONS IS NOT OBLIGATED TO CONSENT TO THE RELEASE OF THIS INFORMATION AS A CONDITION OF ASSISTANCE.** However, the GDR must receive the information requested from the medical professional to determine whether the modification requests can be granted. The GLO or GDR may request from the medical professional only the minimum information necessary to determine whether the person requesting the modifications requires accessibility modifications. Neither the GLO nor its representatives may ask about the nature of an individual's disability, and medical professionals should not disclose specific details or diagnoses. I hereby authorize the release of the requested information.

Name of Authorized Person:	Signature of Authorized Person:	Date:
-----------------------------------	--	--------------

To the medical professional whose certification of the need for the modification is requested below:

The GLO has a contractual obligation with the United States Department of Housing and Urban Development Community Development Block Grant Disaster Recovery Program ("Program") to verify the need for modifications to the home that exceed ADA 2010 construction standards. The Applicant has asserted that he/she, or the member of his/her household named above, has a disability-related need which must be documented by a medical professional. An authorized individual has lawfully consented to release to the GLO the medical opinion below regarding the requested modification. All information provided by a medical professional will be used solely to verify need. Neither the GLO nor its representatives may ask about the nature of an individual's disability, and medical professionals should not disclose specific details or diagnoses.

I hereby certify that the modifications listed in the Construction Modifications section are necessary to facilitate the use of the home by the person listed in the General Information section.

Printed Name of Medical Professional:	Title and Organization:
Signature of Medical Professional:	Date:

Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Document.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

GDR Printed Name:	Date:
GDR Signature:	
Applicant's Printed Name:	Date:
Applicant's Signature:	
Co-Applicant's Printed Name:	Date:

Co-Applicant's Signature:

Accessible Bath Style Options*

**Final design, color, or layout of amenities may vary from those shown below. HC designates "Handicap" options.*

HC-2 Tub/Shower with Blocking & Grab Bar (Non-ADA Compliant)



HC-3 Tub/Shower with Blocking, Grab Bars, Fold-up Seat, and Shower Wand (ADA Compliant)



HC-4 Roll-In Shower with Grab Bars, Fold-up Seat, and Shower Wand (ADA Compliant)



NOTE: Options HC-3 and HC-4 can also include an accessible vanity, as well as accessible kitchen features (if requested).

