



**The Housing Authority of the County of Cook**  
**EXEMPTION RELEASE FORM – CARETAKER / DISABLED OR BLIND**

CLIENT NO. \_\_\_\_\_ UNIT No. \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY No: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE No: \_\_\_\_\_ ALTERNATE No: \_\_\_\_\_

**\*\*NOTICE\*\***

*Federal law requires adult residents of public housing to provide eight (8) hours of community service or to receive eight (8) hours of self-sufficiency training as a condition for retaining their tenancy.*

*An exemption from the community service / self-sufficiency requirement is provided for individuals who are caretakers of individuals who are blind or disabled.*

**Definitions**

**Blind** – An individual is blind when central visual acuity is 20/200 or less in the better eye with the use of a correcting lens. An eye, which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees, shall be considered for the purposes of this paragraph as having central visual acuity of 20/200 or less.

**Disabled** – An individual is disabled when (s)he is unable 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 has lasted, or can be expected to last, for a continuous period of not less than 12 months.

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BLIND OR DISABLED PERSON'S STATEMENT**

---

I, \_\_\_\_\_, hereby certify that I live in public housing, and that I am

BLIND                       DISABLED

as defined in the statutory definitions appearing on the reverse side. I, also, hereby acknowledge that the named resident is my primary caretaker.

NAME OF BLIND OR DISABLED PERSON: _____	SOCIAL SECURITY NO: _____ - _____ - _____
SIGNATURE: _____	
FULL ADDRESS: _____ _____	
TELEPHONE NO: _____	

**FOR OFFICE USE ONLY**

RECEIVED BY:		INITIALS:		DATE:	
--------------	--	-----------	--	-------	--

**WARNING:** Making a false statement or providing false information is a criminal offense under federal and local law. This agency will prosecute violations of this notice.