

## Exemption Release - Physician - Blind or Disabled

<b>Client #:</b>		<b>Unit #:</b>	
<b>Name:</b>		<b>Social Security Number:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
<b>Telephone Number:</b>		<b>Alternate Number:</b>	

### 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.
- You are requested to verify that the named resident qualifies for an exemption due to either blindness or disability, in accordance with the definition on the reverse side.

### 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.

### Physician's Statement

I, (physician's name) \_\_\_\_\_, a [medical professional / ophthalmologist / optometrist] licensed to practice in the State of Illinois, certify that I examined the named resident and based on that examination conclude that the individual is as defined in the statutory definitions appearing above.

**Blind**

**Disabled**

<b>Physician's Name:</b>	<b>License Number:</b>
<b>Signature</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>

**Note to Physician:** Your cooperation in fighting fraud is requested. Attached to this certification should be a sheet of your physician prescription pad. We highly recommend that you boldly inscribe the word 'VOID' to prevent its misuse. Thank you for your anticipated cooperation.

For Office Use Only				
<b>Received By:</b>		<b>Initials:</b>		<b>Date:</b>

**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.