



Date: _____

Organization Name: _____

Address: _____

Attn: Kristen DuRell

Fax Number: 440.244.3036

Re: Special Need Verification Letter

I, _____, have been treating _____ since _____.
_____ has been diagnosed with _____ and, therefore; meets the following special need(s) categories listed below.

Special Needs Status (check appropriate box(es)):

- Physically disabled** any person having a physical impairment which results in substantial functional limitations.
- Mentally disabled** any person with a history of psychiatric treatment and found to have significant trouble performing life roles in at least one of the major domains of living, working, learning, or socializing.
- Developmentally disabled** any person having a developmental disability.
- Co-occurring disabled** any person diagnosed as having both a psychiatric disorder as well as a substance abuse/dependence disorder.
- Physically or emotionally abused:** AHP project representative certifies that they are providing housing at the project location in order to protect the applicant from emotional and/or physical abuse.
- Chemically dependent** any person with a history of substance abuse/dependency who is receiving treatment for the abuse/dependency.
- Persons with AIDS:** any person with a diagnosis for Auto Immune Deficiency syndrome.
- Elderly:** Any person aged 62 or older.

Sincerely,
