

WRITING SUPPORT LETTERS: HOW MEDICAL PROFESSIONALS CAN SUPPORT REASONABLE ACCOMMODATIONS AND MODIFICATIONS

What is Fair Housing?

Federal and Ohio fair housing laws protect people from illegal discrimination in housing based on race, color, religion, national origin, sex, familial status, **disability**, ancestry, and military status.

Reasonable Accommodations and Modifications

Under the Fair Housing Act, a reasonable accommodation is a change or exception to any rule, policy, or procedure or service needed in order for a person with a disability to be able to have equal access to and full enjoyment of their home, such as allowing an assistance animal where there is a no pet policy, or allowing a live-in caregiver when a housing policy states “no over-night guests”. A reasonable modification is a physical change to an apartment or house that makes the unit accessible to someone with a disability such as the installation of a ramp, grab bar or handrail. Accommodations and modifications enable independent living and equal access.

See sample support letter on reverse.

Your Role as a Medical Professional or Therapeutic Provider

A person with a disability may be asked to provide proof of a disability and/or verification of a disability-related need when asking for a reasonable accommodation or modification from their housing provider/landlord. Your role as a medical or therapeutic provider is to provide brief documentation that establishes:

- 1) **Your client has a disability as defined by the Fair Housing Act (see below) AND**
- 2) **Your client’s disability-related need for the requested accommodation or modification.**

Housing providers and landlords do not need to know the details related to the disability, the client’s diagnosis, or their health history; only that a disability is present and that their request is needed because of that disability.

When providing documentation to help advocate for your client’s well-being, words such as “**necessary**”, “**essential**”, and “**prescribed**” should be used to describe the client’s need for a reasonable accommodation or reasonable modification.

The Fair Housing Act defines a person with a **disability** to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

Major life activities include:

- **Walking**
- **Breathing**
- **Communicating**
- **Seeing**
- **Hearing**
- **Caring for oneself**
- **Thinking**
- **Learning**
- **And beyond...**

Disabilities include, but are not limited to:
Mental/emotional disabilities, developmental disabilities cancer, auto-immune deficiencies such as HIV, autism, cerebral palsy, multiple

sclerosis, heart disease, diabetes, asthma, paraplegia, major depression, recovery from an addiction, and many long-term medical conditions.

Assistance Animals

An assistance animal is not a pet. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals do not need to be trained, certified or licensed by any entity or program. Any animal prescribed by a doctor or other medical professional to assist a person with a disability can be an assistance animal. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support. Assistance animals can significantly enhance a person’s ability to live independently.

Sample Support Letter

**TIP: USE
OFFICE LOGO or
LETTERHEAD**

- Should accomplish the following 2 things:
 1. Verify that the person meets the Fair Housing Act's definition of disability (need not mention specific diagnosis, but must be clear that the person's condition rises to the level of a disability)
 2. Show the relationship between the person's disability and the need for the requested accommodation/modification (words such as "necessary", "essential", or "prescribed" should be used to describe the client's need)
- May be written by a doctor or other medical professional, peer support group, non-medical service agency, or reliable third party who is in a position to know about the individual's disability

Date

Dear (*Housing Provider*):

Name of client) is my client/patient, and has been under my care since (*date*). I am familiar with his/her history and disability-related functional limitations. She/he meets the definition of disability under the fair housing laws.

To enhance his/her ability to live independently and to have full use and enjoyment of his/her dwelling, I am prescribing/recommending (*insert need*)

Example 1: a transfer to a first floor unit

Example 2: an emotional support dog, cat, bird, etc. (be as specific as possible about the kind of animal(s) needed and mention if the patient has the animal(s) already)

that will assist (*name of client*) with the functional limitations associated with his/her disability.

Specifically, (*please provide information demonstrating how the accommodation is needed or necessary to alleviate one or more identified symptoms or effects of an existing disability or how the disability will be exacerbated in the absence of the accommodation*)

Example 1: the tenant has increasing difficulty climbing stairs due to a disability and needs a first floor unit to ensure health and safety AND/OR reduce stress on mobility limitations AND/OR have safer and increased access to laundry facilities AND/OR have safe egress options in event of emergency, etc.

Example 2: the emotional support animal (dog, cat, bird, etc.) is necessary to ease disability-related stress and anxiety OR decrease heart rate OR ameliorate or reduce likelihood of panic episode OR increase capacity for social interaction OR allow for continued health and stability OR increase focus necessary for positive school or work performance OR improve physical, emotional and psychological functioning, etc.

I am available to answer questions you may have concerning my verification of (*name of client*)'s request.

Sincerely,

Signature and Name of Professional

Form developed by the Fair Housing Center of West Michigan • www.fhcwm.org

Adapted for use in Ohio by Southeastern Ohio Legal Services • www.seols.org