



CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION: Emergency Assistance (“EA”) Program

Temporary Form: Support Animal (RATFAA)

THIS FORM IS TO BE COMPLETED BY A MEDICAL, REHABILITATION OR SERVICE AGENCY PROFESSIONAL WHOSE FUNCTION INCLUDES PROVIDING SERVICES TO PERSONS WITH DISABILITIES AND MAY VERIFY YOUR HOUSHOLD MEMBER’S NEED FOR A REASONABLE ACCOMMODATION.

Note to Household: any information will be evaluated solely for the purpose of making a determination on your Household’s request for a reasonable accommodation. The amount of information you wish to share should be discussed between you and your provider.

Head of Household: _____

SSN (last 4 digits) or EA Case number: _____ DOB: ____/____/____

Household Member who needs accommodation(s): _____

Shelter Program: _____ City/Town: _____

Current phone number: (if applicable): () _____

The above Household Member is applying for a reasonable accommodation and is requesting that you, as their provider, complete this certification. Please answer all applicable questions on this form and print clearly. Additional writing space available on the last page of this form.

1. In my professional opinion and assessment:

The household member has a disability based on one or both of the following legal definitions

(Please check each that applies):

has a physical or mental impairment that substantially limits one or more major life activities

has a record of having such an impairment

The household member does not have a disability based on the above definition. (Proceed to part IV, sign and return to the address listed on that page.

2. How current is your knowledge of the person’s disability? _____

Part II: Support animals

SUPPORT ANIMAL: An animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person’s disability is referred to herein as a “support animal.” A support animal is not a pet.¹

1. Does the animal work, provide assistance, or perform tasks for the benefit of the Household Member, or provide emotional support that alleviates one or more symptoms or effects of the disability? Yes No

a. If yes, please explain. *

*Please only provide information that demonstrates the relationship between the disability and the need for the animal. Please do not provide information that is not directly relevant to the requested reasonable accommodation.

2. Please provide any additional information that you think may assist in evaluating the accommodation request.

¹ This certification form does not pertain to dogs or certain miniature horses that that are individually trained to do work or perform tasks for the benefit of the Household Member with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Such animals are regarded as “service animals” for which no certification is required.

Part III: CERTIFICATION

Based on your professional judgement and assessment of needs, please check only one of the following:

I certify that the accommodation(s) described above may be necessary for the Household Member, because of the person’s disability to equally enjoy and participate in the EA program,

OR

I cannot certify that the accommodation(s) described above may be necessary for the Household Member because of the person’s disability to equally enjoy and participate in the EA program, because:

OR

I certify that the identified Household Member does NOT have a disability and therefore does not need accommodation(s) because of a disability to equally enjoy and participate in the EA program.

_____ / _____ / _____

Providers signature

Date

Name (Please print)

Title

Agency or Clinic, if applicable: _____

Complete Address

(_____) _____ (_____) _____

Phone

Fax

To submit request to the Central ADA Coordinator:
Email: Dhcdeaada@mas.gov Fax: 617-573-1578