Abington Housing Authority

71 Shaw Avenue
Abington, MA 02351
Phone: (781) 878-3469
FAX: (781) 878-9059

Name of Physician_____

Physician's Address_____
_____

Date_____

PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY

_____ Control No._____
Applicant's Name

_____ I hereby authorize release
Applicant's Address of the requested information.

_____
_____ Applicant's Signature

Dear Dr. _____:

The above-named applicant is seeking state-aided housing with this Authority and has indicated that he/she is being displaced or has been displaced from his/her current housing because of a severe medical emergency.

In order to determine whether to grant priority status for this applicant, we must secure verification of a qualifying severe medical emergency. Therefore, we would appreciate your completing the verification on the reverse and returning this form directly to the Housing Authority. A representative of the Authority may contact you at a later date to confirm the information.

Sincerely,

Katie Esposito
Office Administrator

Medical Emergency Verification (November) 11/2000

EQUAL HOUSNG OPPORTUNITY

PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY

1. Is the applicant or member of the applicant's household suffering from an illness or injury which poses a severe and medically documented threat to life or safety? (circle one)

YES NO NO OPINION

If YES, please explain: _____
_____
_____
_____

2. Is the applicant's current housing situation a cause of the illness or injury or is it a substantial impediment to treatment or recovery from this illness or injury? (circle one)

YES NO NO OPINION

If YES, please explain:_____
_____
_____
_____

3. How long has the applicant or household member been your patient? _____

4. For what are you currently treating the patient? _____

PHYSICIAN'S CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

_____, MD _____
Signature Date

Name: _____

Address: _____

_____

Telephone: (____) _____

Medical Emergency Verification (November) 11/2000

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