



## Certification on Need for and Cost of Medical and Disability-related Items

In accordance with the Medical Privacy Act of 2004, doctors, dentists, hospitals, clinics, pharmacies, and other medical providers are no longer permitted to release medical information to sources other than the patient, even with the patient's signed release. Accordingly, the Housing Authority of the City of Houston provides verification forms to applicants and residents and requires elderly and disabled families who wish to be granted income deductions for unreimbursed medical expenses to take the forms to their medical care providers so that the cost of such expenses can be verified.

The forms are completed by the medical providers and mailed directly back from those providers to PHA in the self addressed stamped envelopes provided by PHA.

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The attached forms are being used to calculate the unreimbursed medical deduction for the following:

HoH Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Applicant/ Resident SS# \_\_\_\_\_

Family qualifies as an Elderly or Disabled Family  
Family member for whom unreimbursed medical costs incurred: \_\_\_\_\_

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Name of PHA staff reviewing medical forms: \_\_\_\_\_

Signature of PHA staff reviewing medical forms: \_\_\_\_\_

Date forms provided to applicant/resident: \_\_\_\_\_

Date forms returned from medical providers: \_\_\_\_\_