**Suncoast Center for Independent Living, Inc.**
**Medical Equipment Loan/Home Modification Program**
**Diagnosis Verification Form**

The person listed below has applied to take part in the **Medical Equipment Loan/Home Modification Program**. This program serves Manatee County Residents eighteen and over with an identified disability as defined by the Americans with Disabilities Act and who meet HUD's low or no income poverty guidelines. The person listed below shall receive Durable Medical Equipment, Computers and/or Portable Modular Ramps to provide assistance living independently.

**TO BE COMPLETED BY MEDICAL EQUIPMENT LOAN/HOME MODIFICATION PROGRAM PARTICIPANT**

Name: _____

Address: _____

City/Zip: _____

Social Security #: _____

Date of Birth: _____

I authorize the individual or organization listed below to disclose only the necessary information relevant to my disability history as it relates to eligibility for the Medical Equipment Loan/Home Modification Program as outlined below to the Suncoast Center for Independent Living, Inc. (SCIL). I also understand that I may inspect a copy of the information to be used or disclosed as provided in CFR 164.524. I understand I have the right to revoke this authorization at any time by writing to the healthcare provider listed below, except to the extent that action has already been taken based on this authorization. I also understand this authorization is only good for one year from the date of my signature below.

_____ _____

**Applicant's Signature** **Date**

**TO BE COMPLETED BY MEDICAL STAFF**

**Medical Diagnosis:** _____

I attest that the applicant named above has an identified disability as defined by the Americans with Disabilities Act.

_____ _____

**Physician/Nurse Practitioner/ Case Worker/Psychologist Signature** **Date**

Medical Facility/Provider Name: _____

Address: _____

City/Zip: _____

Phone #: _____

Fax#: _____

## Once form is completed return to:

| Mail to: | Fax to: | Email to: |
|---|---|---|
| 3281 17TH Street Sarasota, FL 34235<br>Attn: Mobility Coordinator | 941-316-9320 | MobilityCoordinator@scil4u.org |