

**CLAWSON MANOR**  
**RESIDENT SCREENING CHECKLIST:**  
**PHYSICALLY DISABLED CRITERIA**

**IF YOU ARE HANDICAPPED, OR HAVE DIFFICULTY COMPLETING  
THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS  
WHEN YOU RECEIVE THE APPLICATION.**

Answers to questions concerning physically disabled status **are optional**. However, without this information we may not be able to determine your eligibility.

Applicant Name: \_\_\_\_\_

1. Do you have a physical disability that is expected to be of long-continued and indefinite duration?    Yes \_\_\_\_    No \_\_\_\_
  
2. Does your physical disability substantially impede you from living independently?    Yes \_\_\_\_    No \_\_\_\_
  
3. Is your physical handicap of such a nature such ability could be improved by more suitable housing conditions?    Yes \_\_\_\_    No \_\_\_\_

We are required to verify with a health professional that you have a physical disability that meets the above criteria. Please fill out the following information for that verification:

Doctor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_