



Laramie Parks and Recreation Disability Verification Form

Purpose:

This form is used to verify eligibility for disability-related accommodations or discounts for members who are not receiving SSDI or SSI but may qualify under the ADA.

Section 1: To Be Completed by the Applicant

Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

I authorize the healthcare provider listed below to release information to [Recreation Center Name] for the sole purpose of verifying my disability status as it relates to my request for services or accommodations.

Signature: _____ Date: _____

Section 2: To Be Completed by a Licensed Healthcare Provider

Provider Name: _____

License Number: _____

Profession/Title: _____

Phone: _____ Email: _____

1. Does the individual have a physical or mental impairment?

Yes No

2. If yes, does this impairment substantially limit one or more major life activities?

Yes No

3. Brief description of the condition (*no specific diagnosis required*):

4. **Major life activities affected** (*check all that apply*):

- Walking Seeing Hearing Speaking Breathing
 Learning Working Caring for self Other: _____

5. **Is the impairment expected to last at least 6 months or be long-term in nature?**

- Yes No

I affirm that the above information is accurate and that I am licensed to provide such verification.

Provider Signature: _____

Date: _____

Return Instructions

Application should be uploaded to the applicant's household account at parksandrec.cityoflaramie.org where they can sign into their account. For additional assistance, please contact the Business Office with the information below.

Email: parksandrecinfo@cityoflaramie.org

Phone: 307.721.5284