

VERIFICATION OF DISABILITY

Persons with disabilities seeking entry into the Targeted Small Business (TSB) program must meet the same criteria as women or minorities with respect to business ownership and management. In addition, a licensed health care provider must certify that the individual named below is disabled in accordance with the following definition:

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following:

- 1. Homosexuality or bisexuality*
- 2. Transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identify disorder not resulting from physical impairments, or other sexual behavior disorders.*
- 3. Compulsive gambling, kleptomania, or pyromania.*
- 4. Psychoactive substance abuse disorders resulting from current illegal use of drugs.*

Physician's Statement

Individual's Name: _____

Social Security Number: _____ Date of Birth: _____

Disability: (1) _____

(2) _____

(3) _____

Functional Limitation (Check all appropriate):

- | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Seeing | <input type="checkbox"/> Self-Care |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Working | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Other (explain below) |

Explanation of "other": _____

Signature of Certifying Health Care Provider: _____

Professional License Number: _____ State of Issue: _____

Once completed, please return this form to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083