HOUSING AUTHORITY OF SALT LAKE CITY

1776 South West Temple
Salt Lake City, Utah 84115

VOICE (801) 487-2161
FAX (801) 487-3641
TDD (801) 487-3361

MEDICAL VERIFICATION FORM

**TO BE COMPLETED BY A RELIABLE PROFESSIONAL
(DOCTOR, SOCIAL WORKER OR CASE WORKER)**

Name of Patient: ______________________________

Address of Patient: ______________________________

Name of Facility: ______________________________

Address of Facility: ______________________________

Phone Number: ______________ **Fax Number:** ______________

Date of discharged: ______________ ☐ **anticipated** ☐ **confirmed**

Patient is being discharged to: ☐ **Home** ☐ **Rehabilitation** ☐ **Hospital** ☐ **Died** ☐ **Other** ______________

Name of Facility: ______________ **Telephone #:** ______________

Address of Facility: ______________________________

Date of Admission: ______________

Patient was admitted from: ☐ **Home** ☐ **Rehabilitation** ☐ **Hospital** ☐ **Other** ______________

If patient was admitted, from place other than home please provide information of referring facility:

Name of Facility: ______________________________

Address of Facility: ______________________________

Phone Number: ______________ **Fax Number:** ______________

By signing below, I am verifying that the information contained in this verification is true and correct to the best my knowledge.

______________ ______________
Print Name **Signature**

______________ ______________
Title **Date**

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement of entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five year, or both.