



Boston University
School of Medicine

Date

Regarding:

Case number (or if not assigned yet DOB or other identifier)

To whom it may concern: (I think it's safer to do this, but could be addressed to Landlord)

I am writing to request that your agency provide a reasonable accommodation for **(PATIENT NAME)** of the **(insert rule you are trying to get an accommodation on)** because of **(insert the disabling condition- this can be any condition, not just SSI disability, since any condition that interferes with an activity of daily living can be disabling)**

(PATIENT NAME) is my patient and **(DISCUSS RELEVANT HISTORY WORKING WITH PATIENT)**.

(PATIENT) lives at **(INSERT ADDRESS IF RELEVANT)**. **(PATIENT)** has **(CONDITION)** and it has required **(GIVE SOME EXAMPLES OF SEVERITY- ER USAGE, MEDS, ADMISSIONS etc)**. We have believe that if the accommodation above is not granted then **(INSERT WHAT BAD THINGS WILL HAPPEN)**. We believe if the patient is given the accommodation requested above **(INSERT WHAT GOOD THINGS WILL HAPPEN)**.

Therefore we request that the way to reasonably accommodate **(PATIENT)** is by providing **(ACTION YOU WANT)** because it is **medically necessary** to their ongoing health because of their **(CONDITION)**. **(I sometimes will even say "this is a medical emergency")**

Please contact me at **(CONTACT INFO)** if you have any questions. Thank you for your time and consideration.

Sincerely,

CLINICIAN NAME