

Verification of Disability

Date:

To:

Dear

_____ (*Applicant's Name*) is applying for a supportive housing program as defined by the U.S. Department of Housing and Urban Development (HUD). The attached *Verification of Disability* form is part of the eligibility process. We are requesting your assistance in completing and returning this form as quickly as possible to:

Referring / Verifying Agency

Address

Contact Person

Email

Phone and Fax Number

Please contact us with any questions or concerns.

Sincerely,

*Signature of Agency Representative***Client Consent for Release**

I hereby authorize the release of the information requested in the attached *Verification of Disability* form for the purpose of verifying my eligibility for supportive housing and related services.

*Signature of Applicant*_____
*Date***OR**

I certify that the applicant provided oral consent for the release of the information requested in the attached *Verification of Disability* form for the purpose of verifying their eligibility for supportive housing and related services.

*Signature of Agency Representative*_____
Date

****This release of information will expire one year from the date of the applicant's written or oral consent indicated above.**

(ONLY a licensed professional with credentials to diagnose an individual may complete this form)

_____ (Applicant's Name) is applying for a permanent supportive housing program, as defined by the U.S. Department of Housing and Urban Development (HUD). This form is part of the eligibility process; please contact us with any questions or concerns. We are requesting your assistance in completing and returning this form as quickly as possible to:

Referring / Verifying Agency

Address

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E-mail

Phone, and Fax Number

Eligible Disability Types

Please select all of the following that apply:

- a disability as defined in Section 223(d) of the Social Security Act as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which...has lasted or can be expected to last for a continuous period of no less than 12-months..."
- a physical, mental, or emotional impairment which is (a) expected to be of long-term, continued, and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions;
- a developmental disability as defined in Section 102(8a) of the Developmental Disabilities Assistance and Bill of Rights Act. In general, this "... means a severe, chronic disability of an individual that—is attributable to a mental or physical impairment or combination of mental and physical impairments"
- the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiological agency for acquired immunodeficiency syndrome

Disability Information

Please check all that apply:

- Mental Health Disorder
- Substance Use Disorder
- Co-occurring Mental Health Disorder and Substance Use Disorder
- HIV/AIDS
- Physical Disability
- Developmental Disability

Please check appropriate credential:

- Psychiatrist Physician Physician's Assistant Nurse Practitioner
- LCSW LCPC CNP Psychologist CADC

Signature

Printed Name

Date

Office/Practice/Agency Name

Phone Number

License Number