SAN DIEGO
Regional Task Force on Homelessness

VERIFICATION OF DISABILITY FORM
Continuum of Care Program

Date: _____

Dear Physician/ Qualified Health Personnel:

_____ has claimed eligibility for a federally funded housing program which requires a household
(Applicant Name)
member to have a qualifying disability. The claim must be certified by a professional licensed by the state to diagnose and treat the disability.

For the purpose of this program, an individual or qualifying household member must meet the definition of 'homeless individual with a disability' which can be found in Section 401 (9) of the McKinney-Vento Act, as amended by the HEARTH Act which is an individual who is homeless and has a disability that is expected to be long-continuing or of indefinite duration; substantially impedes the individual's ability to live independently; and, could be improved by the providing of more suitable housing conditions. The disability could be any physical, mental, or emotional impairment, including impairment caused by alcohol and/or drug abuse, post-traumatic stress disorder, or brain injury; a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency of acquired immunodeficiency syndrome.

Requested by: _____
(Name of Housing/ Service Provider)

SECTION TO BE COMPLETED BY APPLICANT:

Applicant's Release Authorization:

I,_____**hereby authorize release of the information below:**_____on_____.
(Applicant Name) **(Signature of Applicant)** **(Effective Date)**

MEDICALCERTIFICATION
(SECTION TO BE COMPLETED BY LICENSED PROFESSIONAL)

As a professional licensed by the state to diagnose and treat this disability, it is my determination that the above applicant,

_____, **does have a disability as defined above as of**_____.
(Applicant Name) **(Date)**

The applicant named above has one or more conditions that: (Please check all the boxes that apply).

1) Is expected to be of long-continuing or of indefinite duration ☐ **YES** ☐ **NO**
2) Substantially impairs his/ her ability to live independently ☐ **YES** ☐ **NO**
3) Is of such nature that daily functioning and the disability could improve under more suitable housing conditions ☐ **YES** ☐ **NO**

Printed Name: _____ **License Number:** _____

Professional Title: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

Name of Medical Group: _____

Agency Address: _____

DEFINITION OF DISABILITY
COC PROGRAM

To be eligible for assistance under the CoC Program, an individual or family must meet the definition of homeless as set forth in section 578.3 of the CoC Program interim rule as well as any additional eligibility criteria set forth in the CoC Program NOFO under which the project was funded, which we have provided at the end of this response.

Where disability is an eligibility requirement for the project, the recipient must also document the program applicant's disability. As found in the HEARTH: Defining "Homeless" Final Rule, the following documentation of disability is accepted:

1. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; OR
2. Written verification from the Social Security Administration; OR
3. The receipt of a disability check; OR
4. Intake staff-recorded observation of a disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in this; OR
5. Other documentation approved by HUD.

If the disability is not in the form of written verification from the Social Security Administration or in the form of a disability check, then the disability must be verified in writing by a professional who is licensed by the state to diagnose and treat that condition. The recipient will need to determine whether the professional who plans to provide the written diagnosis meets HUD's requirement for their state.