



**SUPPORTIVE HOUSING PROGRAM
VERIFICATION OF DISABILITY FORM**

DATE: _____

TO: _____

FROM: _____

_____ has applied for housing assistance under the Supportive Housing program of the U.S. Department of Housing and Urban Development (HUD). Verification of all information that is used in determining this person's eligibility or level of benefits is required by HUD.

We request your cooperation in completing and returning the attached form as quickly as possible to the provider listed above. Your prompt return of this information will help to assure timely processing for housing assistance.

Enclosed is the consent for release of information about the disability which has been completed by the applicant.

Please do not hesitate to contact us if you have any questions or concerns.

Thank you for your cooperation.

Sincerely,

Amanda Dycus, MS
Director of Program Evaluation & Compliance
Family Gateway
214.498.4569 (direct)
www.familygateway.org



SUPPORTIVE HOUSING PROGRAM VERIFICATION OF DISABILITY FORM

INSTRUCTIONS:

A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, APRN-BC, NP) must complete this form. Sections 1 AND 2 of the form which apply to:

DOB: _____

SECTION 1: APPLIES TO INDIVIDUALS WITH PSYCHIATRIC DISABILITIES, CHRONIC SUBSTANCE ABUSE AND HIV/AIDS

The above named individual is an adult having a physical, mental, or emotional impairment that:

- (a) is expected to be of long-continued and indefinite duration,
AND
- (b) substantially impedes the person's ability to live independently,
AND
- (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

- If a, b, and c above are true then please check 'Yes', otherwise check 'No' YES NO

SECTION 2: APPLIES TO ALL INDIVIDUALS

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- | | | |
|---------------------------------|----|---|
| 1. <input type="checkbox"/> YES | NO | Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions. |
| 2. <input type="checkbox"/> YES | NO | Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
b. Is manifested before the person attains age 22;
c. Is likely to continue indefinitely;
d. Results in substantial functional limitation in three or more of the following areas of major life activity:
(1) Self-care,
(2) Receptive and expressive language,
(3) Learning,
(4) Mobility, |

- (5) Self-direction,
- (6) Capacity for independent living, and
- (7) Economic self-sufficiency; and

e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. YES NO Is a person whose sole impairment is alcoholism or drug addiction.

Name and Title of Person Supplying the Information

Firm/Organization Name

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
