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| **PART 1: INSTRUCTIONS** | | | |
| * To be eligible for all CoC funded PSH, evidence that one or more members of the household is diagnosed with a disability must be documented in the participant file. * To be eligible for a PSH unit that is dedicated to serve chronically homeless people, the disability must be documented for an adult head of household, or, if there is no adult in the family, a minor head of household. * Complete all fields in Part 2. * Complete all fields under the relevant option in Part 3 * Attach all supporting documents to this form.      * Maintain this form and all supporting documents in the participant’s file. | | | |
| **PART 2: GENERAL INFORMATION** | | | |
| **Admitting CoC Agency Name:** | **CoC Project Name:** | | |
|  |  | | |
| **Participant Name:** | **HMIS #** | **Date of Birth** | **CoC Project Entry Date** |
|  |  |  |  |
| **Part 3: DISABILITY CERTIFICATION** | | | |
| **Option #1: Social Security (SSI/DI) or Veteran’s Disability** | | | |
| Evidence must include one of the following (Check One):   A) Written verification from the Social Security Administration; OR   B) Copies of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation) | | | |
| **ATTACH EVIDENCE OF EITHER A OR B TO THIS FORM**  Check here to indicate that evidence   has been attached. | | | |

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| **Option #2: Verification by a Qualified Licensed Professional**  (Certifying professional must be licensed by the State to diagnose and treat the qualifying condition. (Must be a medical doctor, psychologist or APRN) | | |
| The term homeless individual with a disability means an individual who is homeless, as defined in section 103, and has a disability that is :   1. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:    * Is expected to be long-continuing or of indefinite duration; and    * substantially impedes the individual's ability to live independently; and    * could be improved by the provision of more suitable housing conditions; OR 2. 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) – means a severe, chronic disability that:    * Is attributable to a mental or physical impairment or combination and    * Is manifested before age 22 and    * Is likely to continue indefinitely and    * Results in substantial limitations in three or more major life activities – self-care; receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency and    * Reflects need for      + A combination and sequence of special, interdisciplinary or generic services; OR      + Individualized supports; OR      + Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated 3. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).   I, hereby, certify that (Insert Participant Name) has been diagnosed with the following:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  Attach written diagnosis on professional letterhead or under the letterhead of health affiliation | | |
| **Information About the Certifying Licensed Professional** | | |
| Signature of Licensed Professional: | Credentials: | Date: |
| Printed Name: | Organization: | |
| License #: | Phone #: | |