

Homeless Prevention and Rapid Re-housing Verification of Disability Form

SECTION A

This section must be completed by the referral agency in order to be considered for assistance.

Name of Applicant/Participant _____

The person named above is an applicant/participant in the Indiana Housing and Community Development Authority's Homeless Prevention and Rapid Re-housing Program. We are required by Federal Law to obtain verification of disability/handicap for each applicant/participant to determine his/her eligibility for occupancy.

For the purpose of using the disability allowances in the Rent and Income Calculations worksheet, the applicant/participant must have a mental, emotional, and/or physical impairment that meets the following criteria:

1. As a result of his/her disability, the need for treatment is expected to be of a long, continued, and indefinite duration; and
2. The disability substantially impedes his/her ability to live independently; and
3. Is of such nature that the disability could be improved by more suitable housing conditions.

If the applicant/participant is disabled by chronic problems with alcohol and/or drugs, the Person's disability must meet the following criteria:

Problematic use/abuse of alcohol and or/drugs that 1) has occurred for at least 12 months and 2) has caused serious difficulties in interpersonal relationships as evidenced by disruptions in employment, loss of housing, and/or loss of role in family structures or other important relationships.

Confidential Medical Information

SECTION B

QUALIFICATIONS OF THE PERSON COMPLETING THIS VERIFICATION MUST BE LISTED IN SECTION B. ONLY A CREDENTIALLED PSYCHIATRIC TITLE (MD) OR MEDICAL PROFESSIONAL TRAINED TO MAKE SUCH A DETERMINATION WILL BE ACCEPTED. THE POSSESSION OF A TITLE SUCH AS CASE MANAGER OR SUBSTANCE ABUSE COUNSELOR DOES NOT BY ITSELF QUALIFY A PERSON TO MAKE THE DETERMINATION.

In my opinion, the above reference Applicant is disabled as defined in Section A above. (Circle)

YES

NO

Signature: _____ Date _____

Name: _____ Title _____

Address: _____ Phone _____

Qualifications / Degree(s) of individual verifying disability: _____