Permanent Supportive Housing Verification of Disability Form

Section A:

This section must be completed in order to be considered for PSH rental assistance.

Name of Tenant:_____

Disability: May only accept persons experiencing homelessness with a qualifying disability.

For the purpose of qualifying for occupancy in the program, the tenant 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 tenant is disabled by chronic problems with alcohol and/or drugs, the individual'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.

Diagnosis: _____

Section B:

Documentation: Verification is required to come from a professional who is licensed by the state to diagnose and treat the condition. It must be a credentialed psychiatric title or medical doctor (MD), Licensed Physician's Assistant (PA), and/or Licensed Nurse Practitioner (NP), or medical professional trained to make such a determination (example: LSCW, LMFT, CAC, CLAC). Individuals holding MSW, ACSW, or BSW titles do not qualify.

The possession of a title such as case manager or substance abuse counselor does not by itself qualify a person to make a determination. **"Self-certification" is also unacceptable.**

In my opinion, the above-referenced tenant is disabled as defined in Section A.

Signature:_____

Name:_____

Title:_____

Date:_____

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

Agency:_____

Address:_____

Telephone:_____

Or Other Ways to Document Disability:

- Social Security Administration (SSA) can verify persons receiving disability benefits **OR**
- Veterans Affairs (VA) Disability Check **OR**
- Supplemental Security Income (SSI) **or** Social Security Disability (SSDI) checks

Circle Appropriate Verification of Disability. Attach appropriate documentation

1. SSA verification: Letter of statement
2. VA Disability Check: Attack copy of check
3. SSI/SSDI Check: Attach copy of check

Intake staff-recorded observation of disability may be used to document disability status as long as the disability is confirmed by the aforementioned evidence **within 45 days of the application for assistance**.

Intake Staff Name & Title:_____

Agency:_____

Date:_____

Within 45 days of this signature, the professional licensed certification or the disability check documentation must be attached.