Verification of Disability

Permanent Supportive Housing

Client Name: _____ **HMIS:** _____

DOB: _____ **SSN:** XXX-XX-_____

The person listed above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the verification of all information that is used in determining this person's eligibility or level of benefits.

Please complete EITHER Option 1 *or* Option 2.

Option 1: Verification by a Qualified State Licensed Professional This section must be completed by a professional licensed by the state to diagnose and treat the verified disability. Acceptable qualified licensed professionals include: MD, DO, NP, PA, LMSW, LPC	
Instructions: Please check parts A and/or B, if they apply to the client.	
A: ☐	The individual has a physical, mental, emotional impairment, or substance use disorder 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. **Note: All three conditions must be met** ***This includes the disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agency for acquired immunodeficiency syndrome (HIV)*
B. ☐	The individual has a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000

Completed by:	
Signature of Licensed Professional:	Date:
Printed Name:	Practice/Agency Name:
Professional Credentials (e.g. MD, LMSW, etc…):	Address:
State License Number:	Telephone:

----OR----

Option 2: Receipt of SSI/SSDI Benefits	
Instructions: Receipt of SSI/SSDI Benefit must be documented using one of the following methods. Check type of documentation and include in PSH packet.	
☐ Written Verification from the Social Security Administration ☐ Copy of a disability check	
Agency Staff Member who Completed this Section	
Name:	Date:
Signature:	Agency