



Unified Government Community Development Department VERIFICATION OF DISABILITY

Client Name: _____

Date: _____

The United States Housing Act of 1937, as amended, authorizes special considerations in Federally Funded Housing to a person who is permanently disabled.

Definition of "Permanently Disabled"

- a) be unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of not less than twelve (12) months; or
- b) in the case of an individual who is 55 years of age and is blind, be unable by reason of blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time; or
- c) be a disabled person which is defined as a person having a physical or mental impairment which
 - 1) is expected to be of a continuous and indefinite duration; and
 - 2) substantially impedes the ability to live independently, and
 - 3) is of such a nature that such ability could be improved by more suitable housing conditions; and
 - 4) is of a physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or
- d) be developmentally disabled which means a severe, chronic disability of a person which
 - 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; and
 - 2) is manifested before a person is twenty-two; and
 - 3) is likely to continue indefinitely; and
 - 4) results in substantial functional limitation in three or more of the following areas of major life activity: self-care, reception and Version: expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, and reflects the person's need for a combination and sequence of special inter-disciplinary, or generic care, treatment, or other services which are life-long or of extended duration and are individually planned and coordinated.
 - (a) An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if: individual is 9 years old or younger; and has a substantial developmental delay or specific congenital or acquired condition; and without services and supports has a high probability of meeting those criteria later in life; or
- e) be a person diagnosed with HIV/AIDS which
 - 1) includes the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Criteria for Reasonable Accommodation**Americans with Disability Act (ADA) definition:**

Having a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such impairment; or being regarded as having such impairment.

In order to determine eligibility for a program funded under the 1937 Housing Act, sub recipients must verify the family's disability. Attached is a release and authorization form that must be signed by a licensed professional in the case that the program participant cannot show verification of disability. This information will be held in confidence for use only in determining eligibility and/or continued participation in a housing assistance program.

Documentation required:Written 3rd Party Verification

- ☐ State licensed professional "and/or"
- ☐ Social Security Administration "and/or"
- ☐ Receipt of disability of check

Oral-third party and self-certification are not appropriate.

VERIFICATION OF DISABILITY

The following section must be completed by a State licensed professional (program participant Disability Case Manager) if 3rd party verification is not obtainable (SSA or disability check):

CERTIFICATION OF DISABILITY

I hereby certify, under penalty of perjury, that the following individual: _____ Is - Is not - disabled/handicapped as defined above.

If the above referenced individual is disabled/handicapped, please indicate approximate probable duration:

Less Than One Year - One Year - Five Years - Permanent - Other: _____

Signature _____

Date _____

Printed Name _____

Professional Title _____

Organization _____

Office Telephone Number _____

Please complete this form and return within 10 business days to:

Contact Person:

Organization:

Address:

City, State, Zip:

Telephone:

Fax Number: