



## VERIFICATION OF DISABILITY FORM

### INSTRUCTIONS:

A qualified professional must complete this form. Sections 1 AND 2 of the form which apply to:

\_\_\_\_\_ DOB: \_\_\_\_\_

### SECTION 1: APPLIES TO INDIVIDUALS WITH PSYCHIATRIC DISABILITIES, CHRONIC SUBSTANCE ABUSE AND HIV/AIDS

**Diagnosis:** \_\_\_\_\_

The above named individual is an adult having a physical, mental, or emotional impairment 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.

\*If a, b, and c above are true then check 'Yes', otherwise check 'No' ( ) YES ( ) NO

### SECTION 2: APPLIES TO ALL INDIVIDUALS

**For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.**

1. \_\_\_ YES \_\_\_ NO      Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions

2. \_\_\_ YES \_\_\_ NO      Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)). i.e. a person with a severe chronic disability that:  
a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;  
b. Is manifested before the person attains age 22;  
c. Is likely to continue indefinitely;

d. Results in substantial functional limitation in three or more of the following areas of major life activity;

- (1) Self-care
- (2) Receptive and expressive language,
- (3) Learning,
- (4) Mobility,
- (5) Self-direction,
- (6) Capacity for independent living, and
- (7) Economic self-sufficiency; and

e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. \_\_\_YES \_\_\_NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. \_\_\_YES \_\_\_NO

Is a person whose sole impairment is alcoholism or drug addiction.

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Name and Title of Person Supplying the Information

Firm/ Organization Name

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Signature

Date

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**RELEASE:** I hereby authorize the release of the requested information. Information obtained under consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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Applicant Signature

Date