CoC Disability Verification Form

Client Name:		
Client SS#:		
This agency is responsible for determining the eligibility of ap U.S. Department of Housing and Urban Development (HUD) determined (based on disabled or handicapped status) eligible.	regulations establish criteria which	
 Has a disability, as defined in Section 223 of the Social Se "Inability to engage in any substantial, gainful admental impairment which can be expected to rescontinuous period of not less than 12 months," o "In the case of an individual who attained the agengage in substantial, gainful activity requiring swhich he has previously engaged with some regulations, to have a phy Is determined, pursuant to HUD regulations, to have a phy Is expected to be of long-continued and indefinit Substantially impedes his or her ability to live in Is of such a nature that the ability to live independent and developmental disability as defined in 42 U.S.C. 600 Bill of Rights Act [42 U.S.C. 6001(7)] defines development "Severe chronic disability that: Is attributable to a mental or physical impairment Is manifested before the person attains age 22; Is likely to continue indefinitely; Results in substantial functional limitation in three receptive and responsive language, (3) learning, (7) economic self-sufficiency; and Reflects the person's need for a combination and other services which are of lifelong or extended others. 	ctivity by reason of any medically ult in death or which has lasted or re of 55 and is blind and unable by skills or ability comparable to thosalarity and over a substantial periodical, mental, or emotional impaired duration; dependently, and adently could be improved by more of the Developmental disability in functional terms at or combination of mental and place or more of the following areas (4) mobility, (5) self-direction, (6) I sequence of special, interdiscipling	reason of such blindness to se of any gainful activity in od of time." rement that: re suitable housing conditions; or mental Disabilities Assistance and sas: nysical impairments; of major life activity: (1) self-care, (2) capacity for independent living, and inary, or generic care, treatment, or
HUD's definition does not exclude persons who have the diser from the etiologic agent for acquired immunodeficiency syndr I certify that to the best of my knowledge and belief the above	romes.	y syndrome or any conditions arising
(Health Care Provider Signature and Title)	(License Number)	(Date)
(Health Care Provider Name and Title – Printed)		
(Organization and Address)		
(Phone or Email)		