


<p><b>Instructions for:</b> <b>Form G: Disability Verification</b></p>	 <p>DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING</p>
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**Description:** Form G documents that the Client (Head of Household) has been diagnosed with a disability.

**Applicability:**

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP

**Notes:**

- 1- **Continuum of Care:** Form G is *always* required.
- 2- **General Fund/LOSP:** Form G is required *only* if the Client is reporting a disability.
- 3- **HUD 202/Section 8 PBV:** Form G is required *only* if the Client is reporting a disability.
- 4- **MHSA-FSP:** a disability is required for program eligibility. **Do not fill out Form G**, instead, request the appropriate form from the PSH provider.

For the duration of the COVID-19 pandemic the need for third-party verification of disability has been waived by HSH and HUD effective immediately. Form G provides three options for documenting disability:

- **Option 1:** intake worker and self-certification of a qualifying disability; or
- **Option 2:** written verification from the Social Security Administration; or the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation), or
- **Option 3:** Written verification from a licensed professional (24 CFR 578.103(a))

***Note:** Housing providers should consult with their funders for other disability verification requirements. While HSH and HUD have waived third-party verification requirements, other funders may still require this documentation.*

**General Instructions:** this form should be completed and signed by the Client and Staff. Under Option 3, Form G also needs to be signed by a qualified licensed professional.

- To be eligible for PSH units in San Francisco that require a disability, evidence that an individual or adult head of household is diagnosed with a disability must be documented and attached to this application form.
- Determine which method of disability verification will be used from the options below and complete all relevant fields under that option.
- Attach all supporting documents to this form.

Staff and the Client should verify the Client's disability status using one of the following options:

- **Option 1:** intake worker and self-certification of a qualifying disability
- **Option 2:** written verification from the Social Security Administration; or the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation)
- **Option 3:** written verification from a licensed professional (24 CFR 578.103(a))

**Note:** "Disability" is defined by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) as a condition that:

- Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently;
  - Could be improved by the provision of more suitable housing conditions; and
  - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.