Verification of Disability – COVID 19

Permanent Supportive Housing

Client Name: _____ **HMIS:** _____

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

Documentation of a required disability should, when at all possible be obtained via written verification from a licensed professional, the Social Security Administration, or receipt of a disability check

However, during the COVID-19 health crisis, an observation of a qualifying disability by an agency staff OR written certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5). Further verification of a disability will not be required at any time. ***This option should be used sparingly, as needed, during the COVID-19 Health Crisis.***

Please complete EITHER Option 1 *or* Option 2.

Option 1: Intake Staff Observation of Disability	
A: ☐	I have observed that this individual may have a physical, mental, emotional impairment, developmental disability, or substance use disorder that is expected to be of long-term duration and impedes the individual's ability to live independently. NOTE: *Observation of a disability may include, but not be limited to, directly witnessing: an apparent physical disability, indicators of chronic substance use, the presence of severe mental or emotional impairment, undue paranoia, or significant displays of inappropriate behavior, language, clothing, etc. Medications, prescriptions, and medical records for treatment of a disability may also be considered. During the needs assessment, the client may have the opportunity to report the presence of a qualifying disability or symptoms which indicate disability.*

Intake Staff Signature:	
Name:	Date:
Signature of Intake Worker:	Agency:

----OR----

Option 2: Client Self-Certification of Disability	
I certify that I have a physical, mental, emotional impairment, developmental disability, or substance use disorder that is of long-term duration and impacts my ability to live independently.	
Client Signature	
Name:	Date:
Signature:	

FOR VERBAL CONSENT

☐ I certify that the client verbally agreed to the above self-certification of disability.	
Name:	Date:
Signature of Intake Worker:	Agency: