

**CONTINUUM OF CARE HOUSING
VERIFICATION OF DISABILITY**

RE: _____ SSN: _____ - _____ - _____

I, _____, hereby authorize you to provide the requested information to the Continuum of Care Housing Program. Thank you for your prompt attention to this matter. The information should be returned to the Continuum of Care Housing Program.

Signature Date

DISABLED PERSON

For the Continuum of Care Housing Program, a person shall be considered to have a disability:

1) "if such person has a physical, mental or emotional impairment which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently and is of such nature that such ability could be improved by more suitable housing conditions."

And/or

2) "if he or she has a developmental disability, which is a severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, self-direction, capacity for independent living, economic self-sufficiency, and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

Based on this definition, my signature below certifies a disability due to:

Physical HIV AIDS Substance Abuse

Mental Illness Dual Diagnosis (Substance Abuse & Mental Illness)

Other: _____ Date disability began: _____

I certify the above information is true and correct.

Signature of person certifying *Date*

Printed Name of person certifying *Professional License Number*

Verification of disability may be provided by a physician, psychologist, clinical social worker, or other licensed health care professional able to diagnose -WARNING-: Title 18 Section 1001 of the United States Code stated that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statements to any department or agency of the United States as to any matter within its jurisdiction.