



HSH Permanent Housing Application

Form G: Verification of Disability Form

Instructions

- To be eligible for PSH units in San Francisco reserved for individuals with 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.

Disability Status

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.

Reference Documents:

https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

<https://www.hudexchange.info/resource/5182/sample-chronic-homelessness-documentation-checklist/>



Documentation Option #1: Self-Certification with Intake or Referral Staff Observation		
<p>Note: During the COVID-19 Pandemic, self-certification and intake or staff observation is acceptable documentation.</p>		
<p>Client Certification</p>		
<p>I, hereby, certify that I _____ (print name of Client) have been diagnosed with at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: <ul style="list-style-type: none"> ○ Is expected to be long-continuing or of indefinite duration; and substantially impedes my ability to live independently; and could be improved by the provision of more suitable housing conditions; OR <input type="checkbox"/> 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 <input type="checkbox"/> The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV). 		
Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date
<p>Staff Certification: Intake or referral staff should also attest to the self-certification of disability</p>		
<p>I hereby certify that _____ (print name of Client) has a condition that meets the HUD definition of disability as defined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)).</p>		
Staff (Printed Name)	Staff (Signature)	Date
Title	Organization	



Documentation Option #2: Verification from SSA or VA

Evidence attached to this form must include one of the following (check one):

- Income verification from the Social Security Administration; OR
- Copy of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)

Documentation Option #3: Verification by a Qualified Licensed Professional

I, hereby, certify that _____ [Insert Participant Name] has been diagnosed with at least one of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - Is expected to be long-continuing or of indefinite duration; and substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- 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
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Notes [for Staff use only]:

Licensed/Credentialed Staff (Printed Name)	Licensed/Credentialed Staff (Signature)	Date
License/Credential	Agency Affiliation	Title