



Shelter Plus Care Verification of Disability

Applicant Name: _____

To be eligible for the Shelter Plus Care program an individual must meet certain disability criteria. An individual with a disability is a person who has:

- A **physical, mental or emotional impairment** which is expected to be of long-continuing or indefinite duration; substantially impedes the individual's ability to live independently; could be improved by the provisions of more suitable housing conditions; and is a physical, mental or emotional impairment, including impairment caused by drug or alcohol abuse, post-traumatic stress disorder, or brain injury.
- A **developmental disability** as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Meaning
 - A severe, chronic disability of an individual that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the individual attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial 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
 - (v) Reflects a need for a combination and sequence of special, interdisciplinary, or genetic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
 - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting those criteria later in life.
- **HIV/AIDS** includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infections with the human immunodeficiency virus (HIV).

Based on the above definitions, it is my opinion that the individual indicated above:

is disabled

is not disabled

I certify that the above information is true and correct.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Signature of Evaluator/Diagnostician

Date

Title*

Phone

*See the reverse side of this form for a list of persons qualified to provide this verification

Qualifications to fill out the Verification of Disability form

The following is list of persons qualified to fill out the Verification of Disability form. If you have a degree/ license/ accreditation that is not on this list and feel that you are qualified to assess an individual's disability status, please discuss this with a Home Forward staff member.

Title	Acronym
Certified Alcohol and Drug Counselor Level 3	CADC III
Doctor of Chiropractic Medicine	DC
Doctor of Osteopathic Medicine	DO
Licensed Clinical Social Worker	LCSW
Licensed Nurse Practitioner Psychiatric Mental Health Nurse Practitioner Certified Nursing Specialist Family Nurse Practitioner	LNP PMHNP CNS FNP
Medical Doctor	MD
Physicians Assistant	PA
Qualified Mental Health Professional	QMHP

Additional Comments: