

## Verification of Disability

### Instructions:

- A qualified professional must complete and sign this form. Please see the other side of this form for a list of qualified professionals who may provide this verification.

### Program Information:

To be eligible for placement in Home Forward's senior/disabled properties, certain preferences on Home Forward's waiting list, and/or Home Forward's Senior/Disabled Rent Calculation, an individual must meet certain disability standards.

An individual with a disability is a person who has:

- A disability as defined in Section 223 of the Social Security Act. This is an inability to engage in **any** substantial activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period of not less than 12 months.
- A physical, mental or emotional impairment that is expected to be of long, continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that ability to live independently could be improved by more suitable housing conditions.
- A developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

## Household Information

|  |                                  |
|--|----------------------------------|
| <b>Head of Household Name:</b>             | <b>Last four numbers of SSN:</b> |
| <b>Name of Individual with Disability:</b> | <b>DOB:</b>                      |

## Certification

Based on the above definition(s), it is my professional opinion that:

**Name of Individual:** \_\_\_\_\_

☐ Is a person with a disability

☐ Is not a person with a disability

This disability began about: \_\_\_\_\_.

For additional comments, see other side.

**Warning:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.

**I certify the information in this Verification of Disability is true and accurate.**

|  |             |                             |
|--|-------------|-----------------------------|
| <b>Evaluator/Diagnostician's Name:</b> |             | <b>Title/Qualification:</b> |
| <b>Signature:</b>                      |             | <b>Date:</b>                |
| <b>Phone:</b>                          | <b>Fax:</b> | <b>Email:</b>               |
| <b>Agency/Office Address:</b>          |             |                             |

## Qualifications to Complete the Verification of Disability

Below is a list of professionals qualified to complete the *Verification of Disability*. If you have a degree/license/accreditation that is not listed and you believe you are qualified to assess an individual's disability status, please contact us at 503-802-8333.

| 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                  | LNP      |
| Psychiatric Mental Health Nurse Practitioner | PMHNP    |
| Certified Nursing Specialist                 | CNS      |
| Family Nurse Practitioner                    | FNP      |
| Medical Doctor                               | MD       |
| Physician's Assistant                        | PA       |
| Qualified Mental Health Professional         | QMHP     |

**Additional Comments:**