

DISABILITY CERTIFICATION

The Disability Certification is used to affirm that an individual is disabled and is used only for the purpose of qualifying for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD).

Client Name: _____ HMIS UID (or DOB): _____

Please complete either Section 1 or 2.

Section 1. Completed by HOMELESS SERVICE PROVIDERS, HOUSING PROVIDERS, or HEALTH CARE WORKERS only

Required: Attach proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (e.g. Veteran Disability Compensation).

☐ Individual has a disability that has been verified by the Social Security Administration or by receipt of a disability check.

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

Section 2. Completed by the following Licensed Professional by the State of California ONLY: MD or DO, PsyD or PhD, LMFT, LCSW, LPCC, NP or FNP, PA*, CAADE, CADTP, or CCAPP

*For Physician Assistants, please include name and license number of your supervising physician.

Required: ONLY a professional licensed by the State of California to diagnose and treat the qualifying disability can verify the disability (24 CFR 578.103).

- ☐ Individual has a disability, as defined in the HEARTH Act of 2009, which means:
- i) A condition that is expected to be long-continuing or of indefinite duration; ii) substantially impedes the individual's ability to live independently; iii) could be improved by the provision of more suitable housing conditions;
- AND is 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
 - a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)
 - the disease of AIDS or any conditions arising from the etiologic agent for AIDS, including HIV

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: _____ Date: _____

Printed Name: _____ License #: _____

Agency Name: _____ Job Title: _____

(PA's only) Supervising Physician Name: _____ (PA's only) Supervising Physician License #: _____