



DISABILITY CERTIFICATION

In addition to other requirements, in order to be confirmed as Chronically Homeless, the client must have at least one of the targeted disabilities established by HUD **and** must meet HUD's definition of disability. Please verify that the person named below meets these requirements by completing Sections 1 and 2.

Client Name: _____

Section 1: Targeted Disabilities

The client has one or more of the following targeted disabilities (please check all that apply)

- a. SMI – Serious Mental Illness
- b. CSA – Chronic Substance Abuse
- c. SMI & CSA
- d. PWA - AIDS or Related Diseases
- e. Other – Physical Disability

Section 2: Verification of Disability

I have verified that the client is disabled by determining that: (please check only one box)

- a. The client is already receiving Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits for the targeted disability or disabilities checked above.

If you checked box (a), a copy of the client's SSI or SSDI determination letter with diagnosis code must be attached.)

- b. The client is not receiving SSI or SSDI benefits, but has one or more of the targeted disabilities checked above **AND** meets the following definition of disability:

“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.”

If you checked box (b.), this certification must be signed by a professional who is licensed by the state diagnose the condition and make such a determination.

Signature: _____ Date: _____

Printed Name and Title: _____

Agency/Organization: _____

License Number: _____