

Disability Certification

The Disability Certification is used to affirm that an individual is disabled and is used only for the people of qualifying for Housing assistance under a program of the US department of Housing and Urban Development

Client Name: _____ HMIS UID: _____

Complete either section 1 or 2. For some programs, such as SHRA programs, Section 2 is required.

Section 1. Completed ONLY by the following:

Homeless Service Providers, Housing Service Provider, or Health Care Worker

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

This 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 Profession by the State of California ONLY:

MD or DO, PsyD or PHD, LMFT, LCSW, LPCC, NP, or FNP, PA*

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

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

This 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 (please check applicable box(s)):

- 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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Agency Name: _____

License #: _____

Supervising Physician Name (PA ONLY): _____

Supervising Physicians License# (PA ONLY): _____

The list of qualified professionals who can document disabilities for permanent supportive housing is listed below:

For AIDS and Related Diseases disability

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Physician Assistant (PA) -must list name/license number of supervising Physician

For a Mental Health disability

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)

For an Alcohol and Drug disability

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Physician Assistant (PA)- must list name/license number of supervising Physician