

**PHILADELPHIA CONTINUUM OF CARE
EVIDENCE OF DISABILITY
COVID-19 WAIVER FORM**

Applicant: _____ **DOB:** _____ **Last 4 SSN Digits:** _____

The Applicant is seeking placement into a Permanent Supportive Housing Program. To be eligible, the Applicant must have documentation of a HUD-defined disability.

Please complete EITHER Option 1 OR Option 2.

OPTION 1: PSH Intake Staff Observation							
Due to the COVID-19 pandemic, intake staff observation that the applicant has a HUD-defined disability is acceptable evidence of disability. This can only be used as an acceptable evidence of disability until September 30, 2020							
Instructions: Please check parts A, B, and/or C, if they apply to the Applicant.							
<input type="checkbox"/> A.	<p>The Applicant has a physical, mental, or emotional impairment which:</p> <ol style="list-style-type: none"> 1. is expected to be of long-continued and indefinite duration, 2. substantially impedes an individual's ability to live independently, and 3. is of a nature that could be improved by more suitable housing conditions; <p>Note: All three conditions above must be met.</p> <p>Additionally, please specify the nature of the Applicant's disability that meets all of the three conditions listed above (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Substance use disorder</td> <td><input type="checkbox"/> Post-traumatic stress disorder</td> <td><input type="checkbox"/> Cognitive impairments</td> </tr> <tr> <td><input type="checkbox"/> Serious mental illness</td> <td><input type="checkbox"/> Chronic physical illness or disability</td> <td>resulting from brain injury</td> </tr> </table>	<input type="checkbox"/> Substance use disorder	<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/> Cognitive impairments	<input type="checkbox"/> Serious mental illness	<input type="checkbox"/> Chronic physical illness or disability	resulting from brain injury
<input type="checkbox"/> Substance use disorder	<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/> Cognitive impairments					
<input type="checkbox"/> Serious mental illness	<input type="checkbox"/> Chronic physical illness or disability	resulting from brain injury					
<input type="checkbox"/> B.	The Applicant has a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.						
<input type="checkbox"/> C.	The Applicant has the disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).						
PSH Staff Certification							
Based on my observation, I hereby certify the Applicant meets the criteria of having a HUD-defined disability as indicated above.							
Name: _____	Date: / /						
Title: _____	Signature: _____						
Agency: _____	Email: _____						

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OPTION 2: Self-Certification

Due to the COVID-19 pandemic, written self-certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5). **This is only considered acceptable documentation of disability until public health officials determine no additional special measures are necessary to prevent the spread of COVID-19**

Instructions: Please check parts A, B, and/or C, if they apply to you

I certify that I have a disability that:

- A. is a physical, mental, or emotional impairment which:
1. is expected to be of long-continued and indefinite duration; and
 2. substantially impedes my ability to live independently, and
 3. could be improved by more suitable housing conditions;

Note: All three conditions above must be met.

Additionally, please specify the nature of your disability that meets all of the three conditions listed above (check all that apply):

- Substance use disorder Post-traumatic stress disorder Cognitive impairments
 Serious mental illness Chronic physical illness or disability resulting from brain injury

- B. is a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

- C. is the disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

Applicant Certification

I hereby certify that the above information is correct.

Name: _____ Date: / /

Signature: _____