PHILADELPHIA CONTINUUM OF CARE
VERIFICATION OF DISABILITY

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

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

Please complete <u>EITHER</u> Option 1 <u>OR</u> Option 2.

<u>OPTION 1: Verification by a Qualified State Licensed Professional</u>	
This section must be completed by a professional **licensed by the state** to diagnose and treat the disability. Acceptable qualified sources include: physicians, state licensed psychologists/psychiatrists/clinical social workers.	
Instructions: Please check parts A, B, and/or C, if they apply to the Applicant. Please do not attach any psychiatric evaluations.	
☐ A.	I. The Applicant has a physical, mental, or emotional impairment which: 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; **Note: All three conditions above must be met.** II. Additionally, please specify the nature of the Applicant's 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.	The Applicant has a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.
☐ C.	The Applicant has the disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Completed by:	
Signature of Licensed Professional:	Date:
Printed Name:	Practice/Agency Name:
Professional Credentials (e.g. M.D., D.O.)	Address:
State License Number:	Telephone:

<u>Option 2: Receipt of SSI/DI or VA Disability Benefits</u>	
Instructions: Receipt of SSI/DI or VA Disability Benefits must be documented using **ONE** of the following methods. Check the type of documentation used **<u>AND</u> attach a copy of the documentation.** ☐ Written Verification from the Social Security Administration or the U.S. Department of Veterans Affairs **<u>OR</u>** ☐ Copy of a disability check (e.g. SSI, SSDI, Veterans Disability Compensation)	
Agency Staff Member who Completed this Section:	
Name:	Date:
Title:	Signature:
Organization:	Email: