

# DISABILITY VERIFICATION FORM

Name and Address of doctor, other health care professional, or social worker with medical or professional knowledge of the person's disability

Date: \_\_\_\_\_ Reference # \_\_\_\_\_

Re: \_\_\_\_\_

DOB: \_\_\_\_\_

Please complete this form **within 10 days** in accordance with the request of the person listed above. Because it is required that the verification be obtained directly from the source, please do not return the completed form to the person above. Complete and return it to:

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**\*\*THIS SECTION MUST BE COMPLETED BY A DOCTOR, OTHER HEALTH CARE PROFESSIONAL, OR SOCIAL WORKER, WITH MEDICAL OR PROFESSIONAL KNOWLEDGE OF THE PERSON'S DISABILITY\*\***

Please check the appropriate response to certify whether your patient identified above meets either of the criteria below:

**Does**  **Does not** have a **disability**, as defined as a person who receives Social Security Disability Insurance, OR Is determined to have a physical, mental, or emotional impairment that: (A) Is expected to be of long-continued and indefinite duration; (B) Substantially impedes his or her ability to live independently, and (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions. This definition includes persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome. For purposes of qualifying for low-income housing, this definition does not include a person whose disability is based solely on any drug or alcohol dependence. This definition includes "individual with handicaps", as defined in Sec. 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities. NOTE: The following definitions are available upon request if needed to make this determination: **42 USC 423** "Disability" as defined for the receipt of Social Security Disability insurance payments, and **24 CFR 8.3**: "Individual with handicaps."

**Does**  **Does not** have a **developmental disability** as defined in 42 USC, Section 6001 as a person who has a severe, chronic disability of an individual 5 years of age or older that (A) is attributable to a mental or physical impairment or combination of mental and physical impairments; (B) is manifested before the individual attains age 22; (C) is likely to continue indefinitely; (D) results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; AND (E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

**Warning – Title 18 section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.**

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_