

Verification of Disability

Applicant/Resident: _____ Social Security No.: _____
Unit No.: _____

The person referenced above is a participant in a low income { } program. { } requires that we verify the disability of program participants if they so request. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

Participant's Signature

Date

THIS SECTION TO BE COMPLETED BY PHYSICIAN
--

HUD Definition of Disabled Person

A person is considered disabled if: (a) the following Social Security disability definition is met as described in paragraph (1), or (b) the individual has a developmental disability as described in paragraph (2). Please check as appropriate:

Section 223 of the Social Security Act defines disability as:

- (1) "Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months," or

"In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

- (2) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001(7)] defines developmental disability in functional terms as:

"Severe chronic disability that: (a) is attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person 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: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living and (7) economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated."

- (3) This participant does not meet HUD's definition of disabled.

CONTINUED

I certify that this information is accurate.

Physician's Signature

Physician's Name (print)

Medical Office

Address

City

State

Zip Code

Telephone Number

Date