

## Determination of Disability for HUD CoC Programs

The following client \_\_\_\_\_ is determined to be eligible for the CoC Permanent Housing program because he or she is a person with a disability and meets the requirements below.

- (1) A person shall be considered to have a disability if such person has a physical, mental, or emotional impairment, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that such ability, could be improved by more suitable housing conditions. \*\*
- (2) A person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that –
  - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (ii) Is manifested before the person attains age 22;
  - (iii) Is likely to continue indefinitely;
  - (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:
    - (A) Self-care,
    - (B) Receptive and expressive language,
    - (C) Learning,
    - (D) Mobility,
    - (E) Self-direction
    - (F) Capacity for independent living
    - (G) Economic self-sufficiency; and
    - (H) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of —developmental disability in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

I have reviewed the above and determined that \_\_\_\_\_ [insert client name] meets the above criteria.

\*\* Disability may include those with a disabling chemical dependency disability as a primary diagnosis for McKinney/Vento programs.

### Explain your conclusion based upon one of the following:

**A** \_\_\_\_\_ The client has been accepted by the Social Security Administration as disabled see attached evidence (e.g. information recorded from a SSI social security check or letter) or

**B** \_\_\_\_\_ The client has undergone previous evaluation and been determined to be disabled by a qualified professional (see attached statement indicating the client meets the Federal definition of disability as cited in the regulations of this program with a diagnosis signed by a qualified professional)

Printed Name with Title \_\_\_\_\_ Agency Name \_\_\_\_\_

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

License # \_\_\_\_\_ Phone \_\_\_\_\_