

Guide to Housing for Health Partnership Disability Verification

Instructions: Use this information as a guide when documenting disability for a Housing for Health Partnership (H4HP) Coordinated Entry System (CES) referral. Include appropriate disability verification to enable matching to some disability-specific housing opportunities.

According to US Department of Housing and Urban Development (HUD) guidelines, a person shall be considered to have a disabling condition if such a person has a diagnosable health condition:

- Substance use disorder; AND/OR
- Serious mental illness; AND/OR
- Development disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000, (42 U.S.C. 15002); AND/OR
- Post-traumatic stress disorder (PTSD); AND/OR
- Cognitive impairments resulting from brain injury; AND/OR
- Chronic physical illness or disability (e.g. HIV/AIDS) AND

That condition meets all the criteria below:

- Is expected to be of long, continued, and indefinite duration; AND
- Substantially impedes the person's ability to live independently; AND
- Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

There are specific housing opportunities with set-asides or preferences for people with the following health conditions: HIV/AIDS, serious mental illness, developmental disabilities, and substance use conditions. As a result, health condition specific verifications can help with matching individuals to these opportunities. Please have a licensed health care professional complete the **Housing for Health Partnership Disability Verification Form** to be considered for these specific housing opportunities. *Licensed health care professionals in California for physical health conditions include Doctors of Medicine/Doctors of Osteopathy (MD/DO), Nurse Practitioners (NPs), Physicians Assistants (PAs). Licensed health care professionals for mental health or substance use disorders include all of the aforementioned clinical licenses as well as Licensed Clinical Psychologists (PhDs), Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (MFT), and Licensed Professional Clinical Counselors (LPCCs).*

A specific diagnosis of a serious mental illness independent of a substance use disorder, development disorder, or acquired traumatic brain injury is required to qualify for some specific housing opportunities.

If a licensed health care professional CANNOT complete a disability verification for a client, the client's disability can also be verified by providing one of the documents listed below. However, it is strongly recommended that the **Housing for Health Partnership Disability Verification** be completed.

Additional forms of disability verification:

- Written verification of disability from the Social Security Administration, OR
- Copy of a disability check from the month verification is needed (e.g., Social Security Disability Insurance check or Veteran's Disability Compensation)

Housing for Health Partnership Disability Verification

To Be Completed by A Licensed Health Care Professional
Qualified in California to Diagnose and Treat Identified Health Condition(s)

This verification will help prioritize individuals for housing opportunities in Santa Cruz County.

This Disability Verification Form is for:

Applicant Name: _____

Applicant Date of Birth: _____

Clinician Contact Information:

Organization Name (if applicable): _____

Address: _____

Phone #: _____

E-mail: _____

I am a credentialed and licensed health care professional in California trained to perform diagnostic and functional assessments of patients/clients. Within my scope of practice, I have determined that the patient/client named above has the following diagnosable health condition(s) that are: 1) expected to be of long, continued, and indefinite duration; AND 2) substantially impedes the individual's ability to live independently; AND 3) The condition(s) could be improved by more suitable housing conditions. (Check ALL that apply):

- Substance use disorder
- Serious mental illness, including severe Post Traumatic Stress Disorder (as defined in the DSM and is severe in degree and persistent in duration; is NOT a substance use disorder, developmental disorder, or acquired traumatic brain injury)
- Developmental disability (as defined in Section 102 of the Development Disabilities Assistance Bill of Rights Act of 2000, {42 U.S.C. 15002})
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- HIV infection or AIDS

My signature below indicates my verification of the above information for this patient.

Intern/Trainee Name, if applicable (printed): _____

Signature: _____

Date Signed: _____

Licensed Staff Name (printed): _____

Signature: _____

Date Signed: _____

Professional License Type: _____

License #: _____