

Disability Documentation for YWCA Permanent Supportive Housing Program

The YWCA Permanent Supportive Housing Program complies with HUD eligibility requirements. Out permanent supportive housing for persons with disabilities may only accept homeless persons with a qualifying disability and their families.

Disability Status Documentation Requirements

To meet Permanent Supportive Housing program eligibility, all clients must:

1. You or your dependent has a physical, mental, **OR** emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that meets the criteria found in (42 U.S.C. 11360(9), **AND:**
 - a. Is expected to be long continuing or of indefinite duration;
 - b. Substantially impedes the individual's ability to live independently;
 - c. Could be improved by the provision of more suitable housing conditions; and
 - d. Is a developmental disability.
 - e. Is the disease of HIV/AIDS.

2. Be literally homelessness (HUD Category 1) or must be fleeing domestic violence (HUD Category 4)

The YWCA must have written verification from a state licensed qualified source that the person seeking housing in our program has such a disability. Qualified sources include medical services providers, certified substance abuse counselors, physicians or treating health care providers.

The following verification for should include the following:

- a) how the condition impedes the individual's ability to live independently, and
- b) how the individual's ability to live independently could be improved by more suitable housing conditions

Only the above information will be considered when determining the client's eligibility for the YWCA Permanent Supportive Housing Program.

Upon completion of this form, please fax form to YWCA Quincy at 217-221-9926, ATTN: Suzi Waters

NOTE: This is a time sensitive document that determines eligibility for housing. Any delay in receipt of this form will delay the client/patient's access to safe housing.

Disabling Condition Verification Form for YWCA Permanent Supportive Housing

Client Name: _____ Date: _____

NOTE: this is a time-sensitive document; client's housing offer is dependent on YWCA's receipt of this form. Please attach this completed form to the client evaluation form utilized by your organization and provide specifics on the following criteria.

DISABLING CONDITION

Has head of household or a minor dependent for which the client/patient has full or shared custody been diagnosed by a doctor or other professional with any of the following types of conditions?

Condition	Household Member	Specific Diagnosis
Mental Illness		
Substance Use Disorder		
Physical Disability		
Developmental Disability		
HIV/AIDS		

Which of the above condition(s) substantially impede the household's ability to acquire and/or maintain housing?

Describe how the above condition(s) substantially impede the household's ability to acquire and/or maintain housing (check all that apply):

- The above condition prevents the household from understanding and/or abiding by a lease.
- The above condition prevents household from being able to pay rent.
- The above condition causes serious conflict with landlord or neighbors.
- The above condition causes frequent police or emergency services visits to the household's residence.
- The above condition results in damage to or illegal activity in the household's residence.
- Other: _____

Is this condition expected to be of long-continued or indefinite duration? Yes No

Describe how the client/patient's above identified condition could be improved by more suitable housing conditions:

State licensed qualified source (medical services provider, certified substance abuse counselor, physician or treating health care provider):

License Number: _____