

# eliminating racism empowering women

ywca

## Disability Documentation for Permanent Supportive Housing Program

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

### Disability Status Documentation Requirements

For more information, see [42 U.S. Code § 11360. Definitions.](#)

To meet PSH program eligibility, all clients must

1. Have 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)):
  - i. is expected to be long-continuing or of indefinite duration;
  - ii. substantially impedes the individual's ability to live independently;
  - iii. could be improved by the provision of more suitable housing conditions; and
  - iv. is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- b. is a developmental disability, as defined in section 15002 of this title; or
- c. is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.
2. Enter PSH from literal homelessness (HUD Category 1) or must be fleeing domestic violence (HUD Category 4), and
3. Have full or shared physical custody of a minor child.

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 form 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, please fax form to YWCA Quincy at 217-221-9926, attention Amanda Davis.

**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?

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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:

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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:-

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

License Number: \_\_\_\_\_