Disability Documentation for Permanent Supportive Housing Program Entry

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 entry to our program has such a disability. Qualified sources include medical services providers, certified substance abuse counselors, physicians or treating health care providers.

The verification letter 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 and verification letter to YWCA Quincy at 217-221-9926.

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?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Household Member</th>
<th>Specific Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>Mental Illness</td>
<td></td>
<td></td>
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<tr>
<td>Substance Use Disorder</td>
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<tr>
<td>Physical Disability</td>
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<tr>
<td>Developmental Disability</td>
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<tr>
<td>HIV/AIDS</td>
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</tbody>
</table>

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:

__________________________________________________________________________

__________________________________________________________________________

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):

__________________________________________________________________________