

Disability Certification

This certification of disability is to be used to determine program eligibility for the federally funded CoC Program. As defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)). A qualifying individual or household member meets one or more of the following:

1. Has a physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
 - a) Is expected to be long-continuing or of indefinite duration; and
 - b) Substantially impedes the person's ability to live independently; and
 - c) Could be improved by the provision of more suitable housing conditions

2. Has a developmental disability as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 U.S.C 15002). A severe, chronic disability that:
 - a) Is attributable to a mental or physical impairment or combination; and
 - b) Is manifested before age 22; and
 - c) Is likely to continue indefinitely; and
 - d) Results in substantial limitations in three or more major life activities, and
 - i. Self-care
 - ii. Receptive and expressive language
 - iii. Learning
 - iv. Mobility
 - v. Self-direction
 - vi. Capacity for independent living
 - vii. Economic self-sufficiency
 - e) 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.
 - f) 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.

3. Has the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome such as Human Immunodeficiency Virus (HIV).

I certify that _____
Applicant Name

Does **Does not**

meet one or more conditions as defined above (*Verification must be signed by a professional licensed by the state to diagnose and treat the identified condition that is being certified*).

Print Name

Signature

Date

Professional Title

License #

Company Name