

CERTIFICATION OF DISABILITY

TO

Please leave blank

RE: _____

SS#: _____

Basis for claiming disability: _____

The above-named person is applying for participation in a federally-assisted housing program operated by The Salvation Army. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD).

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2. YES NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity:
(1) Self-care, (2) Receptive and expressive language, (3) Learning,
(4) Mobility, (5) Self-direction, (6) Capacity for independent living, and
(7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

3. YES NO Is a person whose sole impairment is alcoholism or drug addiction.

PSH Representative: _____ Date: _____

I hereby authorize and request the release of any information pertaining to this request, and will appreciate it if you will complete and return to the Salvation Army Greensboro.

Applicant's Signature: _____

Date: _____

Person certifying (*print name*): _____ Occupation: _____

Signature

Professional Title

Date