

Miami-Dade County Continuum of Care Disability Verification Form

Applicant Name: _____ **Last 4 of Social Security Number: XXX:XX: _ _ _ _**

Agency Name: _____

Applicant Consent for Release and Exchange of Information

I hereby agree to allow the licensed professional named below to complete this form as required for the purpose of qualifying me for CoC Permanent Supportive Housing assistance.

(Applicant's Signature)

(Date)

Request for Disability Verification

The person named above is seeking Miami-Dade County CoC Permanent Supportive Housing (PSH) assistance, which requires verification of disability.

1. A person shall be considered to have a disabling condition if such person has a physical, mental, or emotional impairment, including an impairment caused by alcohol or substance abuse, Post-Traumatic Stress Disorder, or brain injury; which is expected to be long-continuing or of indefinite duration. S/he may live independently with the proper support services.
2. A person will also be considered to have a disability if she/he has a developmental disability, which is a severe, chronic disability that:
 - i. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - ii. Is manifested before the person attains age 22;
 - iii. Is likely to continue indefinitely;
 - iv. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - A. Self-care,
 - B. Receptive and expressive language,
 - C. Learning,
 - D. Mobility,
 - E. Self-direction,
 - F. Capacity for independent living, and
 - G. Economic self-sufficiency; and
 - v. Reflects the person'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.

Eligible applicant: The key to the definition is determining if the disability is of long-continuing or indefinite duration AND **substantially impedes** the person's ability to live independently without support services.

I hereby certify that I am a professional licensed by the state to diagnose and treat the applicant's disability and the above statement is true and accurate and based on my professional opinion.

Signed:

Date:

Name (Printed):

License #:

Professional Title:

Phone #:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).