



## Technical Assistance Resource: Disability Self-Certification

To prevent the spread of COVID-19 and facilitate assistance to eligible households, the U.S. Department of Housing and Urban Development (HUD) released a [waiver of certain regulatory requirements](#) on March 31, 2020. From March 31, 2020 until October 3, 2020, it is acceptable for an individual or household seeking assistance from a Continuum of Care (CoC) Permanent Supportive Housing (PSH) program to provide a written certification of a qualifying disability (24 CFR 578.103(a)(4)(i)(B)(5)). Providers may not use this waiver for participants who entered prior to the agency's completion of the notification process that is outlined in the waiver.

All Chicago would like to thank **Facing Forward to End Homelessness, North Side Housing and Supportive Services**, and **Thresholds** for developing sample forms that can be used to document an individual's self-certification of their disability. These samples, along with a version compiled by All Chicago, are enclosed and may be used or adapted by other providers.

All PSH providers in the Chicago CoC that are using the disability documentation waiver are encouraged to use this technical assistance resource to establish disability self-certification forms. At minimum, forms should include space to identify the program participant's identifying information, their disability, and a reference to the COVID-19 circumstances or regulation (i.e. HUD waiver) that temporarily allows for disability self-certification.

If you have any questions, please contact [CoCprograms@allchicago.org](mailto:CoCprograms@allchicago.org).

# Self-Verification of Disability



To: Thresholds Housing Administration  
4101 N Ravenswood Ave  
Chicago, IL 60613  
Phone: (773) 572-5296  
Fax: (773) 537-3423  
E-mail: hmis.compliance@thresholds.org

**Subject: Housing Participant Self-Verification of Disability**

Name \_\_\_\_\_ SS# \_\_\_\_\_

I \_\_\_\_\_ certify that the following is true:

- That I have a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), and or HIV/AIDS, that is expected to be of long-continued and indefinite duration
- Substantially impedes my ability to live independently;
- Could be improved by the provision of more suitable housing conditions;
- I have been diagnosed by a physician or state accredited healthcare practitioner
- I have been assessed and/or are being treated for:

Diagnosis (1) \_\_\_\_\_ Diagnosis: (2) \_\_\_\_\_

Diagnosis: (3) \_\_\_\_\_ Diagnosis: (4) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **\*\*OFFICIAL USE ONLY\*\***

**I certify that I have reviewed the self-declaration of disability with the above mentioned housing participant. The Housing Participant reports that they are a disabled individual as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). This disability document is used in accordance with HUD's Availability of Waivers of Community Planning and Development (CPD) Grant Program and Consolidated Plan Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19 memorandum.**

**This written certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5).**

\_\_\_\_\_  
Thresholds' Certifying Staff Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:** 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 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).

**Self-Certification of Disability**

**Applicant Name:** \_\_\_\_\_ **Applicant Date of Birth:** \_\_\_\_\_

I certify that I have been diagnosed with a disabling condition as described below. Facing Forward to End Homelessness will attempt to obtain third-party verification of my disability from the Social Security Administration or from an professional licensed by the state to diagnose and treat the condition when the emergency related to COVID-19 has ended.

<b>Please select all of the following that apply:</b>	
<input type="checkbox"/>	Disabled as defined in Section 223 of the Social Security Act as the <b>“inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which ... has lasted or can be expected to last for a continuous period of no less than 12 months ...”</b>
<input type="checkbox"/>	Disabled by a physical, mental or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently and (c) of such a nature that such ability could be improved by more suitable housing conditions
<input type="checkbox"/>	Disabled by a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act. <b>In general, this “... means a severe, chronic disability of an individual that—is attributable to a mental or physical impairment or combination of mental or physical impairments”</b>
<input type="checkbox"/>	Disabled with HIV/AIDS syndrome or any condition arising from the etiological agency for acquired immunodeficiency syndrome

**Disability Information**

**Please check all that apply:**

- Mental Health Disorder
- Substance Use Disorder
- Co-occurring Mental Health Disorder and Substance Use Disorder
- HIV/AIDS
- Physical Disability
- Developmental Disability

My condition is of long and continuing duration, substantially impedes my ability to live independently, and is expected to improve with the provision of housing.

**Applicant Signature**

**Date**

## COVID 19 Waiver of Verification of Disability: Self-Certification



During the present health risks surrounding the COVID 19 and the resulting Stay At Home Order issued in the city of Chicago, The U.S. Department of Housing and Urban Development (HUD) has allowed for waivers of self-certification of proof of disability status as required for eligibility in Permanent Supportive Housing Programs (PSH) to be completed by applicants or observed by NSHSS Staff.

For the 6-month period beginning on the date of the waiver memorandum (3/31/2020), the requirement to have third party documentation of disability that intake staff-recorded observation of disability be confirmed and accompanied by other evidence no later than 45 days from the application for assistance documentation requirement **is waived for any program participants admitted into North Side Housing & Supportive Services' PSH funded by the CoC Program (SHP, SPC XX, VHI).**

For the purposes of individuals and families housed in PSH from the date of the waiver memorandum until public health officials determine no additional special measures are necessary to prevent the spread of COVID-19, a written certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5). **This waiver may be used until October 3rd, 2020.**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

### **FOR SELF CERTIFICATION ONLY:**

In signing this form, I certify that I experience a physical, mental, or emotional impairment which is (a) expected to be of long-term, continued, and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.

### **I certify that I also experience the following (*Please select additional option(s) below if applicable*):**

- A disability as defined in Section 223(d) of the Social Security Act as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which...has lasted or can be expected to last for a continuous period of no less than 12-months...";
- A developmental disability as defined in Section 102(8a) of the Developmental Disabilities Assistance and Bill of Rights Act. In general, this "... means a severe, chronic disability of an individual that—is attributable to a mental or physical impairment or combination of mental and physical impairments";
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiological agency for acquired immunodeficiency syndrome.

### **Please check all that apply:**

- Mental Health Disorder
- HIV/AIDS
- Physical Disability
- Developmental Disability
- Substance Use Disorder
- Co-occurring Mental Health Disorder and Substance Use Disorder

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Intake Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DUE DILEGENCE ONLY (STAFF ONLY)**

I understand that third-party verification is the preferred method of documenting proof of disability. I understand that self-certification is only permitted when I have attempted to but cannot obtain third party verification due to due the current state of emergency and is approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5).

**Documentation attempts/other notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Intake Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

If a participant is unsure of the nature or type of the disability for the purpose of documentation for this form, please fill out the following to receive information (verbally or electronically) from their medical provider:

**Participant Consent for Release:**

Name of Medical Provider: \_\_\_\_\_

Office/Practice/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize the release of the information requested in the *Verification of Disability: Self Certification* form for the purpose of verifying my eligibility for supportive housing and related services so that this form.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- OR -

I certify that the applicant provided oral consent for the release of the information requested in the *Verification of Disability: Self Certification* form for the purpose of verifying their eligibility for supportive housing and related services.

**Signature of Agency Representative:** \_\_\_\_\_

**Printed Name of Agency Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*This release expires one year from the date of the applicants written or oral consent indicated above.

**Reference: Excerpt from HUD 24 CFR 578.103(a) and 24 CFR 578.103(a)(4)(i)(B)**

**2. Disability Documentation for Permanent Supportive Housing (PSH)**

**Requirement:** A recipient providing PSH must serve individual and families where one member of the household has a qualifying disability (for dedicated projects and DedicatedPlus projects that individual must be the head of household). Further, the recipient must document a qualifying disability of one of the household members. When documentation of disability is the intake worker's observation, the regulation requires the recipient to obtain additional confirming evidence within 45 days.

**Citation:** 24 CFR 578.103(a) and 24 CFR 578.103(a)(4)(i)(B)

**Explanation:** 24 CFR 578.103(a) requires recipients to maintain records providing evidence they met program requirements and 24 CFR 578.103(a)(4)(i)(B) establishes the requirements for documenting disability for individuals and families that meet the "chronically homeless" definition in 24 CFR 578.3. Acceptable evidence of disability includes intake-staff recorded observations of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraphs 24 CFR 578.103(a)(4)(i)(B)(1), (2), (3), or (5). HUD is waiving the requirement to obtain additional evidence.

**Justification:** Waiving 24 CFR 578.103(a)(4)(i)(B)(4) as specified below will allow recipients to house people by relying on intake staff-recorded observation of disability while providing recipients' intake staff with additional time to confirm the disability. This will help households with observed disabilities to be housed quickly and obtain the necessary documentation once healthcare workers are no longer inundated by COVID-19 responses.

**Applicability:** The requirement that intake staff-recorded observation of disability be confirmed and accompanied by other evidence no later than 45 days from the application for assistance documentation requirement is waived for any program participants admitted into PSH funded by the CoC Program for the 6-month period beginning on the date of this memorandum.

**Note:** For the purposes of individuals and families housed in PSH from the date of this memorandum until public health officials determine no additional special measures are necessary to prevent the spread of COVID-19, a written certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5).



### Self-Certification of Disability Template

Due to the COVID-19 public health crisis, a [HUD waiver](#) allows Permanent Supportive Housing (PSH) program participants to self-certify disabilities for a temporary time period. Eligible disabilities may be physical, mental or emotional and impact individuals continuously over a long period of time or indefinitely. Additionally, the disability must substantially hinder an individual’s ability to live independently and could be improved if provided more suitable housing conditions.

**Below, identify/indicate what disabilities you have.**

**Please check all that apply:**

- Brain injury that causes impairment
- Chronic Physical Illness or Disability
- Developmental Disability
- HIV/AIDS
- Mental Health Disorder
- Substance Use Disorder
- Co-occurring Mental Health Disorder and Substance Use Disorder
- Post-Traumatic Stress Disorder
- Other: \_\_\_\_\_

**Please record what diagnosis, or diagnoses, you have below:**

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<b>Please select any of the following disability types that apply to you:</b>	
<input type="checkbox"/>	I have a physical, mental, or emotional impairment that is long-lasting. My condition could be caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. The condition impacts whether I can live independently and may improve with good housing conditions.
<input type="checkbox"/>	I have a physical or mental impairment that is recognized medically and that I expect to last for at least 12 months. <i>Social Security Act Section 223(d)</i>
<input type="checkbox"/>	I have a developmental disability that is chronic and due to mental or physical impairments. <i>Developmental Disabilities Assistance and Bill of Rights Act, section 102(8a)</i>
<input type="checkbox"/>	I have HIV/AIDS.

**Participant Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Participant Date of Birth:** \_\_\_\_\_

**Participant HMIS ID:** \_\_\_\_\_



### Agency/Program Staff Only

I, (*staff name:* \_\_\_\_\_), reviewed the self-certification of disability form provided above with the program participant. The participant reports a disability defined in section 401(9) of the [McKinney-Vento Homeless Assistance Act](#) (42. U.S.C. 11360(9)).

While speaking to the participant about selecting options, if they are applicable, from the disability type checklist table at the bottom of the form, I have referenced the information below. This information is not included in the form due to the technical language.

*Developmental Disabilities Assistance and Bill of Rights Act, section 102(8a)*

A developmental disability as defined in **Section 102(8a) of the Developmental Disabilities Assistance and Bill of Rights Act**. In general, this "...means a severe, chronic disability of an individual that – is attributable to a mental or physical impairment or combination of mental and physical impairments."

*Social Security Act Section 223(d)*

A disability as defined in **Section 223(d) of the Social Security Act** as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which...has lasted or can be expected to last for a continuous period of no less than 12 months.."

*Disease of Acquired Immunodeficiency Syndrome*

The disease of acquired immunodeficiency syndrome (**AIDS**) or any condition arising from the etiological agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (**HIV**).

This self-certification provided by an individual seeking entrance to an assisted Permanent Supportive Housing (PSH) program, stating that they experience a qualifying disability, is acceptable documentation approved by HUD under 24 CFR 578.103(a)(4)(i)(B)(5). This document is used in accordance with HUD's temporary waivers outlined in the Availability of Waivers of Community Planning and Development (CPD) Grant Program and Consolidated Plan Requirement to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19 memorandum dated March 31, 2020.

Although my agency may attempt to acquire third-party verification of disability when the crisis is over, I understand that HUD is not requiring this, and my agency will not require the participant to assist in obtaining third-party documentation. The self-certifications completed during this time period in accordance with the HUD waiver will be enough to comply with HUD CoC funding requirements.

**Staff Signature:** \_\_\_\_\_

**Date of Review:** \_\_\_\_\_

**Participant HMIS ID:** \_\_\_\_\_