



Madison/Dane County CoC VERIFICATION OF DISABILITY

To: _____ **From:** _____

The person listed below has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the owner to verify all information that is used in determining this person's eligibility. For each numbered item, mark an "X" in the applicable box that accurately describes the person listed below. This form must be completed by a professional licensed by the state to diagnose and treat the disability.

Name: _____ **Date of Birth:** _____

1. _____ YES _____ NO Has a physical, mental, or emotional impairment, including alcoholism or drug addiction, 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:
 - i. Self-care,
 - ii. Receptive and expressive language,
 - iii. Learning,
 - iv. Mobility,
 - v. Self-direction,
 - vi. Capacity for independent living, and
 - vii. 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 Has a disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

4. Please list the individual's diagnosed disability/disabilities. Please include diagnostic code.

5. ____ Does not meet any of the above criteria.

Name & Title of Person Supplying the Information

Firm/Organization

License Number

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to applicant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 disclosure or improper uses of the 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).