



REQUEST FOR VERIFICATION OF DISABILITY

The person below has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of all information that is used in determining this person's eligibility or level of benefits. Should you have any questions please call Brett Chornyak at 802-229-9151 or mail PO Box 627, Montpelier, VT 05601.

PARTICIPANT NAME: _____

Please complete the section below and return this form via encrypted email within 10 business days to the Vermont Coalition of Runaway and Homeless Youth Programs via Bchornyak@wcysb.org.

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above. The Department of Housing and Urban Development (HUD) defines a disabled person in 4 ways:

YES	NO	DISABILITY DEFINITION
		1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
		2. A developmentally disabled person is one with a severe chronic disability that: <ul style="list-style-type: none"> a. is attributable to a mental and/or physical impairment AND b. as manifested before age 22 AND c. is likely to continue indefinitely AND d. results in substantial functional limitations in 3+ of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND e. requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
		3. A disabled person is also one who has a physical, emotional or mental impairment that: <ul style="list-style-type: none"> a. is expected to be of long-continued or indefinite duration AND b. substantially impedes the person's ability to live independently AND c. is such that the person's ability to live independently could be improved by more suitable housing conditions; does not include a disability based solely on any drug or alcohol dependence
		4. Is the above a person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).

NAME AND TITLE OF QUALIFIED PROFESSIONAL

FIRM/ ORGANIZATION

SIGNATURE

DATE