

(Agency Name or Logo)

**Tampa Hillsborough County Continuum of Care  
Verification of Disability Form**

This form will satisfy the requirement for written verification of disability as part of demonstrating eligibility for CoC-funded permanent supportive housing programs and to document chronic homelessness. **Complete Section 1 and either Section 2, 3, 4 or 5.**

**SECTION 1: APPLIES TO ALL**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  adult  child

Individual named above is diagnosed with one or more of the following conditions: (Check all that apply)

- Substance use disorder
- Post-traumatic stress disorder
- Chronic physical illness or disability
- Serious mental illness
- Cognitive impairments resulting from brain injury
- Developmental disability

**SECTION 2: DOCUMENTATION BY LICENSED PROFESSIONAL FOR ALL DISABILITIES INDICATED ABOVE EXCEPT DEVELOPMENTAL DISABILITY**

Documentation of disability may be provided through written verification from a professional who is **licensed by the state to diagnose and treat that condition**. (Professionals with the following credentials currently licensed with the State of Florida may be qualified to verify disability: **MD, DO, ARNP, LCSW, LMHC and LMFT.**)

I certify that the above named individual is diagnosed with disability as indicated in Section 1 and that I am **(1) licensed by the state to diagnose and treat the disability; (2) that the disability is expected to be long-continuing or of indefinite duration, and; (3) substantially impedes the individual's ability to live independently.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License Number

**SECTION 3: WRITTEN VERIFICATION FROM SOCIAL SECURITY ADMINISTRATION (SSA) OR COPY OF DISABILITY CHECK**

Written verification from SSA  Copy of disability check: \_\_ SSI/SSDI \_\_ VA \_\_ Other: \_\_\_\_\_

I certify receipt of documentation as noted and that the documentation is contained in the case file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency Name

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**SECTION 4: DOCUMENTATION OF DEVELOPMENTAL DISABILITY**

I certify that the above named individual has a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002), which includes:

- (1) A severe, chronic disability of an individual that—
  - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (ii) Is manifested before the individual 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;
    - (G) Economic self-sufficiency; **and**
  - (v) Reflects the individual’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.
- (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting those criteria later in life.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name** \_\_\_\_\_  
**License Number**

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**SECTION 5: INTAKE STAFF RECORDED OBSERVATION OF DISABILITY**

I certify through observation and other means as **documented in the case file and/or HMIS** the individual named above has a disability as indicated in Section 1, that I **will obtain within 45 days of application for assistance** confirmation through receipt of the appropriate documentation referring to the standards identified in Section 2, 3 and 4, and I am authorized by my agency to sign this document.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name** \_\_\_\_\_  
**Agency Name**