

Instructions for Completing the Verification of Disability Form Used to Determine Eligibility for HUD CoC-Funded Permanent Supportive Housing

Instructions for Housing Agency Staff.

Before giving the Verification of Disability Form (VOD) to a client or submitting it directly to a licensed professional for completion, the staff of the agency that is determining a client's eligibility for one of its housing projects must insert the following information at the top of the VOD above the line that reads "**Return This Verification to the Person Listed Above**":

- **Name of Organization**: The name of the agency working with the client to determine his or her eligibility for housing must be inserted on the top line of the VOD.
- **Address/Phone Number/FAX Number**: The address, phone number, and FAX number of the organization named at the top of the VOD should be included here.
- **Date**: The date that the housing agency staff is preparing the VOD for submission to a licensed professional should be inserted here.
- **Name of Staff Member**: The housing agency staff member preparing the VOD should insert his or her own name on this line or, alternatively, the name of another staff member to whom the VOD should be returned. On the lines provided next to the name of the staff member to whom the VOD should be returned, his or her phone number should be provided along with the number of a FAX machine where the staff member can receive a secure FAX.

Housing agency staff must also take the following steps to ensure that the portion of the VOD between "**Return this Verification to the Person Listed Above**" and "**Information Being Requested**" is filled out properly before the VOD is submitted to a licensed professional for completion:

- **Name**: Insert in the line provided after "NAME" the name of the client for whom the VOD is being completed.
- **Address**: Insert next to "ADDRESS" the address of the client for whom the VOD is being completed. "Homeless" may be inserted if the client has no address.
- **Release**: Obtain the signature of the client for whom the VOD is being requested and make sure the client indicates on the line provided next to the signature line the date on which he or she is signing the form. **NOTE**: As indicated on the VOD, the client may refuse to sign the form if either the name of the housing agency ("the requesting organization") or the organization being asked to complete the form ("the organization supplying the information") is left blank. Therefore, both of these names should be inserted before the client is asked to sign the form.

WARNING: When housing agency staff members receive a VOD completed by a licensed professional, they should review the VOD to determine whether there are any signs that someone other than the licensed professional has altered or otherwise tampered with the form. If such signs are present, the staff members should check with the licensed professional to verify any questionable information on the form.

See the other side for Instructions for Licensed Professional Completing the VOD.

Instructions for Licensed Professionals Completing the VOD

Purpose of Form: You have been given a Verification of Disability form that helps the agency named at the top of that form determine whether the individual who has signed the form authorizing release of the information being requested (“named individual”) is eligible for permanent supportive housing funded by the U.S. Department of Housing and Urban Development. (“Permanent supportive housing” is subsidized housing that is coupled with supportive services that enable disabled residents to live successfully within the community.)

The information you provide on this form is used only to determine whether the named individual is eligible for housing assistance. It is not used to determine whether that individual qualifies for either Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits,

Questions About the Named Individual: As a licensed professional authorized to diagnose a disability that may entitle the named individual to housing assistance, you are being asked to express your professional opinion in responding to the questions listed under “Information Being Requested.”

NOTE: In filling out this form, you must check “yes” or “no” for each question listed under “Information Being Requested.” Without a “yes” or “no” response to each question, the housing agency requesting the information will not be able to determine the named individual’s eligibility for housing assistance.

Providing the Information Requested Below the Questions: After answering all of the questions on the VOD about the named individual’s condition, you must take the following steps to complete the form so that it contains all the additional information HUD requires to document the named individual’s eligibility or ineligibility for housing assistance:

1. **Certification Box:** Please put your initials in this box to certify that you have made a diagnosis for the named individual and will maintain records of this diagnosis and of the facts and analysis supporting the diagnosis.
2. **Information about You, Your Employer, and Your Professional Licensure:** Please include on the appropriate line provided under the certification box your name and title, your telephone number, the name of the organization that employs you, and the number and issuing state of the license that entitles you to make the diagnosis that is the basis for the information you have provided in the VOD.
3. **Signature and Date:** Before returning this form to the housing agency staff member named on the form, please be sure to sign and date it. Without your signature and the date of that signature, the form does not constitute valid documentation of the named individual’s condition.

Thank you for your assistance.