

HCA Form 123

I authorize (agency) _____ to obtain necessary information regarding my disability status or that of a member of my household:

XXX-XX-_____
 (Print) Disabled Household Member Relationship to Head/Applicant SSN (last 4 digits)

I understand that this information is to help me qualify for appropriate housing and supportive services. By signing below I authorize the release of this information.

Applicant Signature

Date

The above named person has applied for housing under a U.S. Department of Housing and Urban Development (HUD) program that requires verification of a disability under the applicable HUD definition. Please indicate which condition(s) you have diagnosed this person to have.

- 1. A condition that:**
 - Is expected to be long-continuing or of indefinite duration; **AND**
 - Substantially impeded the person's ability to live independently; **AND**
 - Could be improved by the provision of more suitable housing conditions; **AND**
 - Is a physical, mental, or emotional impairment, **OR** an impairment caused by substance use, post-traumatic stress disorder, or brain injury.

- 2. A developmental disability (as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 USC 15002)). Which means a severe, chronic disability of an individual that:**
 - Is attributable to a mental or physical impairment or combination of mental and physical impairments; **AND**
 - Is manifested before the individual attains age 22; **AND**
 - Is likely to continue indefinitely; **AND**
 - Results in substantial functional limitations in three or more 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**
 - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, or individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. **OR**
 - 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 above if the individual, without services and supports has a high probability of meeting those criteria later in life.

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

- Is not considered disabled according to the above definitions.**

Please Print: THIS SECTION MUST BE COMPLETE TO BE VALID

Name of Certifying Official (print clearly)	
Title/License #/State Issued (print clearly)	
Office Address	
Telephone and Fax	

Your signature below certifies that the above named individual meets the disability definition indicated above **AND** you are professionally licensed by the state in which you practice to diagnose and treat the indicated disability.

Signature

Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

