Certification of Disability Under COVID-19 Waiver – CoC Program

# Background:

On March 31, 2020, the Department of Housing and Urban Development issued a memorandum regarding “Availability of Waivers of Community Planning and Development (CPD) Grant Program and Consolidated Plan Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19.” The memorandum made available a temporary waiver of certain disability documentation requirements for CoC-funded housing. [RECIPIENT NAME] notified the HUD San Francisco Regional Office of our intent to implement this waiver on [DATE].

# Instructions:

This form can be used in place of third-party documentation of disability for applicants with an enrollment date on or after May 31, 2020, for as long as public health restrictions to prevent the spread of COVID-19 are an obstacle to obtaining third-party documentation of disability. It must be used in accordance with the CoC’s Quality Assurance Standards and [RECIPIENT/SUBRECIPIENT NAME]’s written policies.

This form may only be used if third party documentation cannot be obtained. To use this form, follow the instructions below:

1. Program staff must complete the “Justification” section of this form.
2. Program staff must work with the applicant to complete the “Self-Certification of Disability.” The applicant’s self-certification of disability must demonstrate that the applicant meets HUD’s definition of disability. Acceptable forms of self-certification include:
	1. A photograph, scan, or other copy of the “Self-Certification of Disability” section, completed and signed by the applicant;
	2. An email from the applicant that includes the statements in box 1, 2, OR 3 of the “Self-Certification of Disability” section; or
	3. If neither (a) nor (b) are possible, the applicant may orally confirm the statements in box 1, 2, OR 3 of the “Self-Certification of Disability” section. In that case, program staff must fill out the “Self-Certification of Disability” and sign to certify that they took the applicant’s oral statement.
3. This form must be added to the applicant’s client file.
	1. If the applicant’s self-certification is provided in the body of an email or otherwise outside of this form, the self-certification must be attached to this form and added to the applicant’s client file

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# Justification:

Applicant Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Note: This form can only be used for applicants enrolled between March 31, 2020 and September 30, 2020.)*

Describe your efforts to obtain 3rd-party documentation of the applicant’s disability from a licensed professional and explain why it was not possible to obtain it. The reasons must be related to preventing the spread of COVID-19 or to public health restrictions currently in place to prevent the spread of COVID-19:

Name of Program Staff (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Self-Certification of Disability:

You have been referred to a housing assistance program that serves individuals and/or families with disabling conditions that meet the definition in box 1, 2, or 3, below. As a requirement of the funding for this program, we must verify that at least one member of your household meets **one of the three definitions**. Because of the public health protections in place during the COVID-19 crisis, it is not possible to get verification from a health professional. Please complete this form to help us document your eligibility for housing assistance:

|  |  |  |
| --- | --- | --- |
| 1. | I have a physical, mental, or emotional condition that:1. I expect to have for a long time or indefinitely, and
2. Makes it very difficult for me to live independently, and
3. Support from a housing program will help me be able to live independently.
 | Yes ☐ No ☐ |
| 2. | I have a developmental disability. Developmental disability is defined as a severe, chronic disability of an individual that is:1. Attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the individual attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and,
5. 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.

*Note: 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 above if the individual, without services and supports, has a high probability of meeting those criteria later in life.* | Yes ☐ No ☐ |
| 3. | I have Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) | Yes ☐ No ☐ |

☐ Check this box **if this certification was given orally by the applicant and recorded on this form by program staff.** If this box is checked, the staff person who took the oral self-certification must sign below. Otherwise, the applicant must sign.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_