



VERIFICATION OF DISABILITY

Administrator: City of Texarkana, Texas

Administrator Address: PO Box 1967, Texarkana, Texas 75504

Phone: 903-798-1779

Fax: 903-798-3913

Email: betsy.freeman@txkusa.org

Applicant Name:

Applicant Address:

Name of Household Member with a Disability:

Relationship of Person with a Disability to the Applicant:

The above-named Applicant has submitted an application to above-named Contract Administrator for housing assistance through the U.S Housing and Urban Development CDBG Program serving Persons with Disabilities. Applicant states that a member of his/her household meets the following definition of Person with Disability, in accordance with 24 CFR 92 and 10 TAC 23:

DEFINITION OF A PERSON WITH A DISABILITY

A Person with Disability is a person who:

- A. Has a disability that is a physical, mental or emotional impairment that:
 - 1. Is expected to be of a long-continued, and indefinite duration, AND
 - 2. Substantially impedes his or her ability to live independently, AND
 - 3. Is of such a nature that the ability could be improved by more suitable housing conditions;
 OR
- B. Has a developmental disability which is a severe, chronic disability that:
 - 1. Is attributable to a mental or physical impairment or combination of mental or physical impairments; AND
 - 2. Is manifested before the person attains age 22; AND
 - 3. Is likely to continue indefinitely; AND
 - 4. Results in substantial functional limitations in three or more of the following areas of life:
 - 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
 - 5. Reflects the person’s need for treatment or services that are of lifelong or extended duration and are individually planned and coordinated.
- C. An individual from birth to age 9 who has a substantial developmental delay, congenital, or acquired condition may be considered to have a developmental disability without meeting three of the above-identified criteria if the individual has a high probability of meeting those criteria later in life.

In accordance with CDBG Program regulations, the disability preference being claimed by Applicant must be confirmed by a health care provider or other reliable source. Any information provided is confidential and will be



VERIFICATION OF DISABILITY

used strictly for the purpose of establishing Applicant's eligibility to receive CDBG Program assistance as a Person with Disability.

Do NOT disclose specific details regarding the nature of Applicant's disability, or pertaining to his/her specific medical diagnosis.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the individual identified below as "Individual Authorized to Provide Verification of Disability" to release information to the above-named Contract Administrator for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability or His/Her Guardian

Date

HEALTH CARE PROVIDER/INDIVIDUAL AUTHORIZED TO PROVIDE VERIFICATION OF DISABILITY

Individual's Name:

Individual's Address:

Relationship of Individual to Applicant:

Phone:

CERTIFICATION OF APPLICANT'S DISABILITY:

I hereby certify that the above-named Applicant meets the criteria of Person with Disability as provided in the above-stated definition of Person with Disability.

Signature of Individual Authorized to Provide Verification of Disability

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of the United States Government.

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



US Housing and Urban Development

Street Address: 801 Cherry Street, Fort Worth, Texas Mailing Address: PO Box 2905, Fort Worth, TX 76113-2905
Main Number: (817) 978-5600 Toll Free: 1-800-733-4663 Email: TX_Webmanager@hud.gov Web: www.hud.gov

