



## 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

