



**MEDICAL STATEMENT  
CERTIFICATION OF DISABILITY**

(To be completed by a licensed medical physician, psychiatrist, psychologist, a.p.n.p., p.a., lcsw or lpc )

Applicant's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Authorization to Release Medical Information: \_\_\_\_\_  
Signature of Applicant/Participant Date

The above named person is applying for participation, or is a current participant, in the My Home Housing Program. My Home is a permanent housing program for individuals who have a disability, primarily severe mental illness, chronic substance abuse and/or HIV/AIDS or related diseases. To determine the applicant's/participant's eligibility, this Program must verify the disability as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows:

- 1. Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment:**
  - (a) which has lasted or can be expected to last for a continuous period not less than 12 months or more; or
  - (b) which can be expected to result in death; or
  - (c) in the case of an individual who attained the age of 55, and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time; or
  
- 2. The individual has a developmental disability, which is a severe chronic disability that:**
  - (a) is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - (b) is manifested before the person attains age 22;
  - (c) is likely to continue indefinitely;
  - (d) results in substantial functional limitation in three (3) or more of the following areas of major life activity:
    - (1) self-care,
    - (2) receptive and responsive language,
    - (3) learning,
    - (4) mobility,
    - (5) self-direction,
    - (6) capacity for independent living,
    - (7) economic self-sufficiency; and
  - (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated;
  
- 3. A person who has a physical, mental, or emotional impairment which:**
  - (a) is expected to be of long-continued and indefinite duration;
  - (b) substantially impedes his/her ability to live independently; and
  - (c) is of such a nature that such ability could be improved by more suitable housing conditions.

**CERTIFICATION OF DISABILITY**

Based on the definition listed above, the applicant/participant:  does not meet  meets the definition of disability required by HUD based on the following criteria  1 or  2 / &  3

Specify Disability: \_\_\_\_\_

**Licensed Medical Physician, Psychiatrist, Psychologist, A.P.N.P., P.A., LCSW or LPC:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

See P. 2 for additional information.



## MEDICAL STATEMENT DISABILITY DOCUMENTATION

(To be completed by a licensed medical physician, psychiatrist, psychologist, a.p.n.p., p.a., lcsw or lpc )

To determine the applicant's/participant's eligibility and/or level of subsidy, documentation of disability is required.

For applicants who receive SSI and/or SSDI, a Benefit Verification Letter from the Social Security Administration will meet this requirement. A request for a Benefit Verification Letter can be submitted at the following site: [www.socialsecurity.gov/beve](http://www.socialsecurity.gov/beve)

For applicants who do not received SSI and/or SSDI, HUD regulations require a written statement documenting the disability. The written statement must be signed by a licensed medical physician and include the following:

1. Identification of the physical, mental or emotional impairment
2. Explain why the disability is expected to be of long-continued or indefinite duration
3. Describe how it impedes the individual's ability to live independently and
4. Explain how the individual's ability to live independently could be improved by living in more suitable housing conditions.

The Milwaukee County My Home Housing Program is a permanent housing program for homeless disabled individuals. Specific targeted disabilities for this program are severe mental illness, chronic substance abuse problems or AIDS and related diseases.