

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

DISABILITY CERTIFICATION For Supportive Housing Programs (S+C and SHP) *(Please complete all sections including signatures)*

Client Name: _____

1. I certify that the above named client is disabled, because (check one of the boxes below):

If you check box a, you must attach a copy of the client's SSI determination letter.

- a. The client is receiving Supplemental Security Income (SSI) benefits or has been determined to be eligible for SSI benefits.

If you check box b, the certification must be signed by a credentialed psychiatric or medical professional trained to make such a determination.

- b. The client is not receiving SSI benefits but meets the following definition of disability:

“A person shall be considered to have a disability if such person (1) has a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions, or (2) has a developmental disability; or (3) has AIDS or conditions arising from its etiological effects.

2. Please indicate the type of disability (you may check more than one box):

- a. SMI (Serious Mental Illness)
 b. CSA (Chronic Substance Abuse)
 c. SMI & CSA (Serious Mental Illness & Chronic Substance Abuse)
 d. PWA (Persons with AIDS or Related Diseases)
 e. PWOD (Persons with Other Disabilities)

Please complete and sign below to certify your choice in section 1.

Signature

Date

Printed Name

Title

Address

(____) _____
Phone

City, State, Zip