



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

VERIFICATION OF HANDICAP OR DISABILITY

Please only provide your signature, date, phone number and evaluator/ diagnostic contact information below

Name (Print): _____ Last 4 of SSN#: _____

Phone Number _____ Email Address: _____ APPL # _____

Evaluator/Diagnostician Name (Print): _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax Number _____ Email Address: _____

RELEASE: I hereby authorize the release of the requested information to Greene Metropolitan Housing Authority. Information under this consent is limited to information that is no older than 15 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be addressed on a separate consent, attached to a copy of this consent. A faxed copy of this Release shall be considered an original form and provide such authorization as stated above. I, undersigned, hereby authorize the release of the information requested below.

Signature: _____ Date: _____

THE INFORMATION BELOW IS TO BE COMPLETED BY EVALUATOR/DIAGNOSTICIAN (Circle yes or no)

- A. Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months Yes No
 - B. In the case of an individual who has attained an age of 55 and is blind (within the meaning of "blindness" as defined in Section 416 (i) (1): inability by reason of such blindness to engage in substantial gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. Yes No
 - C. A disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary (of Health, Education, and Welfare) to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, which disability originates before such individual attains age twenty-two, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual. Yes No
 - D. A handicapped person as defined in 24 CFR Section 5.403: a person having a physical or mental impairment which (1) is expected to be of long-continued and indefinite duration, (2) substantially impedes his/her ability to live independently, and (3) is of such nature that such a disability could be improved by more suitable housing conditions. Yes No
- LIVE-IN AIDE** is defined by the following guidelines: 1). Is determined to be essential to the care and well-being of the person. 2). Is not obligated or provides financial for the support of the person. 3). Would not be living in the unit except to provide the necessary supportive services. (The bedroom is provided as their primary residence.) 4). Are qualified to provide the needed care 5). Is not part of the household prior to receiving program assistance. 6). There is no other reason for the aide/s to reside in the unit. The aid/s can demonstrate they had a previous residence
- E. Does the above person have a disability-related need for a Live-in Aide/Attendant? Yes No
 - F. Is the Live-in Aide/Attendant essential to the medical care and well-being of the person? If yes, _____ hours per day. Yes No
 - G. Does the applicant/tenant require a separate bedroom for medical apparatus or other medically-related purpose? Yes No

I certify that this form is completed in response to a direct and explicit request of the patient.

Evaluator/Diagnostician's Printed Name _____ Date: _____

Signature: _____ Title: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Email: _____

Warning: "PENALTIES FOR MISUSING THIS CONSENT: 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. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

