

Tri-County Alliance for the Homeless (TCAH)

A Supported Housing Program

7920 Crisfield Highway Westover, MD 21871

(443) 523-1810

Verification of Disability

Section I: The applicant listed below has applied for housing through TCAH. Regulations governing our programs require verification of disability as a condition of residency.

This release authorizes you to provide information regarding the physical/mental condition on the applicant listed below:

RE: _____
Applicant's Name

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Section II: I hereby authorize the release of the information requested to the TCAH Supported Housing Program for the purposes of determining my eligibility for housing.

Signature of Applicant Date

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Section III:

1. I am treating the applicant for (all that apply):
 - Developmental Disability Level of Impairment: _____
 - Mental Illness DSM IV Code: _____
Diagnosis _____
 - Substance Abuse Level of Treatment: _____
 - Physical Disability Type: _____
2. Is the condition requiring treatment expected to be of long-continued and indefinite duration?
 Yes No
3. Would the nature of the applicant's condition requiring treatment be improved by more suitable housing conditions?
 Yes No

The above information will be held in strictest confidence.

(Agency Providing Services and Diagnosis of Disability) Date

Street Address City State Zip Code

Signature of Individual Completing Request Printed Name of Individual Completing Request