For the purpose of this program, the applicant/tenant must meet the following criteria: 
a) As a result of her/his disability, the need for treatment is expected to be of a long, continued, and indefinite duration; 
b) The disability substantially impedes her/his ability to live independently; and 
c) The disability is of such nature that it could be improved by more suitable housing conditions. 
If the participant is disabled by chronic problems with alcohol and/or drugs, the problematic use must have occurred for at least 12 months and caused serious difficulties in interpersonal relationships as evidenced by disruptions in employment, loss of housing, and/or loss of role in family structures or other important relationships.

Primary Disability: 
☐ Mental Health
☐ HIV/AIDS
☐ Drug Abuse
☐ Alcohol Abuse
☐ Alcohol and Drug Abuse
☐ Chronic Health Condition
☐ Developmental Disability
☐ Physical
☐ Other (Please Specify): ______________________________

Secondary Disability: 
☐ Mental Health
☐ HIV/AIDS
☐ Drug Abuse
☐ Alcohol Abuse
☐ Alcohol and Drug Abuse
☐ Chronic Health Condition
☐ Developmental Disability
☐ Physical
☐ Other (Please Specify): ______________________________

Disability Status:  
☐ Currently receiving SSI/SSDI  
☐ Not currently receiving SSI/SSDI

Signature of Independently Licensed Clinician

Date

PRINT name of person signing form

License Number

Title of person signing form