

**Agency Verification of Disability**

**Date:** \_\_\_\_\_

**To: PAACA Housing Program**

**Re: Prospective Resident**

**ClientName:**

\_\_\_\_\_

**The above referenced client has been under the care of this facility from**

\_\_\_\_\_

**to** \_\_\_\_\_.

**The client currently has a disability:**

\_\_\_ **1. Physical, mental, or emotional impairment, which 1) is expected to be of long continued and indefinite duration, 2) substantially impedes an individual's ability to live independently, and 3) of such nature that such ability could be improved by more suitable housing conditions.**

\_\_\_ **2. A developmental disability as defined in section 6001.**

\_\_\_ **3. HIV/AIDS**

**Sincerely,**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Credential**

\_\_\_\_\_

**Date**

**Contact Phone Number** \_\_\_\_\_

\*\*\*\*\*Please place this document on your agency letterhead....thank you.