

# HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO

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## DISABILITY STATUS CERTIFICATION VILLA DE VIDA POWAY

Villa de Vida Poway is an affordable housing development supported by project-based vouchers (PBV) through the Housing Authority of the County of San Diego (HACSD). This development serves adults with intellectual/developmental disabilities or persons with disabilities who would benefit from the supportive services offered by the development. In order to be eligible for a PBV unit at Villa de Vida Poway, the applicant must provide certification as having a developmental disability or a disability that would benefit from the services. Please see list of services and disability definition on reverse side of this form.

**Please return completed form to HACSD:**

**US Mail: PO BOX 23019, San Diego CA 92193-3019 or by email to: <Intake HS Representative merge>**

### APPLICANT INFORMATION AND CONSENT

I hereby authorize the release of the requested information in order to complete and verify my application for participation in the Section 8 Housing Choice Project-Based Voucher and/or Low-Income Housing Program for residency at the Villa de Vida Poway housing development. Information may also be released and shared with the following agency:

Villa de Vida Poway

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. This authorization is valid for 15 months from the date of my signature.

\_\_\_\_\_  
PRINT APPLICANT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
LAST 4 OF SSN

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

### CERTIFICATION OF DISABILITY STATUS BY KNOWLEDGABLE INDIVIDUAL<sup>1</sup> OR HEALTHCARE PROFESSIONAL<sup>2</sup>

I certify that the applicant listed on this form  IS or  IS NOT a person with a developmental disability or a permanent disability that would benefit from the listed services.

I, certify that I qualify as a Knowledgeable Individual or a Healthcare Professional and have firsthand knowledge of the client's condition.

\_\_\_\_\_  
PRINT NAME OF CERTIFIER

\_\_\_\_\_  
TITLE/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE NO. (if applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

( ) \_\_\_\_\_  
PHONE NUMBER

<sup>1</sup> A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability. (Per 2004 Joint Statement of the Department of Housing and Urban Development and the Department of Justice)

<sup>2</sup> An authorized physician, psychologist, clinical social worker, or other licensed health care provider (Per HUD Occupancy Guidebook)

**VOLUNTARY SUPPORTIVE SERVICE AREAS INCLUDE:**

A full-time on-site Resident Support Coordinator (RSC) trained in working with persons with intellectual/developmental disabilities (I/DD). At the resident’s election, the RSC helps residents:

- communicate with third-party community-based service providers,
- advocate for changes in support they may need,
- understand other opportunities from which they may benefit,
- communicate with service providers such as the Regional Center, SSI, ILS, and SLS,
- mediate between the property management staff and the residents to assist with the implementation of the Housing Support Plan (HSP) in the event a resident’s tenancy is jeopardized,
- participate, upon resident request, in the update of the individual program plan (IPP). The IPP is an annual contracting process that outlines the goals and objectives of clients of the Regional Center and must be renewed to continue receiving services.

A full-time on-site Activity Coordinator (AC) experienced in working with persons with I/DD. The AC designs and develops special programming geared towards residents desired outcomes and interests. Examples include:

- planned social activities
- independent life skills classes
- cooking, healthy lifestyle classes
- employment assistance
- physical fitness
- crafting groups
- facilitation of residents participation in community-based activities.

**SUPPORTIVE SERVICE AREAS DO NOT INCLUDE:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Licensed medical care</li> <li>• On-site meal plans</li> <li>• Case Management</li> <li>• Individualized, or any other, in-home support services</li> <li>• Medicaid waiver-funded residential, long-term support services (LTSS)</li> </ul> | <ul style="list-style-type: none"> <li>• Medication administration or management</li> <li>• On-site mental health or substance-abuse services</li> <li>• Money management or rep payee services</li> <li>• Guardianship or another fiduciary role</li> <li>• On-site therapies such as physical or occupational therapy (scheduling of space is provided)</li> </ul> |
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**DEVELOPMENTAL DISABILITY [42 U.S.C. 6001(8)]**

The term “developmental disability” means a severe, chronic disability of an individual 5 years of age or older that:

- 1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2) Is manifested before the individual attains age 22;
- 3) Is likely to continue indefinitely;
- 4) Results in substantial functional limitations in three or more of the following areas of major life activity—
  - a) self-care;
  - b) receptive and expressive language;
  - c) learning;
  - d) mobility;
  - e) self-direction;
  - f) capacity for independent living; and
  - g) economic self-sufficiency; and
- 5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

**PERSON WITH DISABILITIES [24 CFR 5.403]:**

Means a person who:

- 1) Has a disability, as defined in 42 U.S.C. 423;
  - a) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
    - i) Is expected to be of long-continued and indefinite duration;
    - ii) Substantially impedes his or her ability to live independently, and
    - iii) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
  - b) Has a developmental disability as defined in 42 U.S.C. 6001.
- 2) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;
- 3) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and
- 4) Means “individual with handicaps”, as defined in §8.3 of this title, for purposes of reasonable accommodation and program accessibility for persons with disabilities.