



GHVP-24: Disability Verification Form

Determining Program Eligibility

The below applicant is seeking assistance from the Georgia Housing Voucher Program (GHVP).

_____	_____
Applicant Name	CID Number

INSTRUCTIONS

This form must be completed by a professional licensed by the state of Georgia to diagnose and treat the disability. All information provided will be used solely to establish disability status. The below verification criteria should be referenced when making a clinical determination and prior to signature on the second page. This definition of SPMI comes from [DBHDD Policy 01-112](#).

SPMI VERIFICATION CRITERIA

In order to be considered an adult with a Serious and Persistent Mental Illness, criteria in item 1 must be met, as well as criteria in either items 2 or 3 below.

1. Designated Mental Illness

The individual is 18 years of age or older and currently meets the criteria for a DSM-V psychiatric diagnosis, including within developmental or cultural contexts, but excluding a) substance-related disorders, b) organic brain syndromes, c) intellectual and/or developmental disabilities (I/DD) or d) V codes, unless co-occurring with a diagnosis of a severe and persistent mental illness.

AND

2. Extended Impairment in Functioning due to Mental Illness

Documentation that the individual has had a duration of mental illness of at least one year, and within the last 12 months, on a continuous or intermittent basis has had at least (a) moderate impairment ('1' in ANSA) in at least four of the functional areas listed in a-e below; (b) severe impairment ('2' in ANSA) in two of the functional areas listed in a-e below; or (c) extreme impairment ('3' in ANSA) in one of the functional areas listed in a-e below, as determined by a standardized measure (e.g., Adult Needs and Strengths Assessment (ANSA) or Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS):

- a. Marked difficulties in self-care (personal hygiene, nutrition, clothing, avoiding injuries, sleep hygiene, securing health care or complying with medical advice); see related items in ANSA Life Functioning Domain—Self-Care, Sleep.
- b. Marked change in mood or uncontrolled emotion that is clearly disruptive in its effects on other aspects of the individual's life, or emotional responses that are inappropriate to the situation; (see related items in ANSA Behavioral Health Needs Domain—Depression, Anxiety, Impulse Control, Anger Control; and Trauma Module—Affect Regulation; Dangerousness Module—Frustration Management).
- c. Marked impairment in activities of daily living (e.g., maintaining a residence, using transportation, day to day money management, accessing community services). Inability to obtain or maintain employment and/or conduct daily living chores such as care of immediate living environment because of symptoms of illness; (see related items in ANSA Life Functioning Domain—Residential Stability, Independent Living Skills, Employment).

- d. Marked difficulties in maintaining social functioning (i.e. regard for safety of self or others, use of leisure time, applying appropriate social skills, lawfulness and adherence to social norms); or persistent inability to establish or maintain a personal social support system (i.e. establishing and maintaining social relationships, interpersonal interactions with primary partner, children or other family members, friends and neighbors); see related items in ANSA Life Functioning Domain—Social Functioning, Recreational, Legal, Family Functioning; Behavioral Health Needs Domain—Interpersonal Problems, Antisocial Behavior, Anger Control; Risk Behaviors Domain—Suicide Risk, Danger to Others, Criminal Behavior; Crime Module—Community Safety; and Trauma Module—Attachment.
- e. Distorted perceptions of reality, often accompanied by delusions and/or hallucinations. Frequent deficiencies of concentration, persistence or pace resulting in disruption of role performance, including inability to complete tasks or structured activities commonly found in occupational, home or educational settings (see related items in ANSA Behavioral Health Needs Domain—Psychosis; Risk Behaviors Domain—Suicide Risk, Danger to Others; and Dangerousness Module—Violent Thinking).

OR

3. Reliance on Psychiatric Treatment, Rehabilitation and Supports

Documented history showing that the individual, at some time prior to the current presentation, met the criteria described in item 2 (above), but the symptoms and/or functioning problems are currently lessened by medication or psychiatric rehabilitation and supports. Medication refers to prescribed psychotropic medications which may help to reduce some primary manifestations of mental illness (e.g., hallucinations,) but may or may not affect functional limitations caused by the mental illness. Psychiatric rehabilitation and supports refer to highly structured and supportive settings (e.g., residential or supportive housing programs) which may greatly reduce the demands placed on the individual and thereby, minimize primary symptoms and signs of the underlying mental illness.

Verification of Disability and Ability to Live Independently by Licensed Clinician

YES	NO	It is my professional opinion that this individual can live in the community independently with non-intensive housing supports.
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YES	NO	It is my professional opinion that the individual identified in this form meets the definition of Serious and Persistent Mental Illness (SPMI) as set forth in this document, per DBHDD Policy 01-112.
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Primary Diagnosis: _____ ICD Code: _____

Name and Title of Licensed Professional

Agency Organization

Professional License/Credentials Number

Address

Phone Number

City/State/ZIP

Signature of Licensed Professional

Date Signed

Individual

CID: