



# GHVP-24-A: Disability Verification Form

This form confirms the applicant's disability status for submission with a Housing Choice Voucher (HCV) application.

Applicant Name

CID Number

## INSTRUCTIONS

- This form should be included in HCV applications **only**.
- Form may be completed by unlicensed staff working with their individual, who can verify individual has mental health disability.
- This form should **only** be used to verify disability status for HCV applications.
- This form is **not utilized** for initial referrals for supportive housing.

### Verification of Disability by Provider Staff

*(Non-Licensed Staff may complete form)*

Address

Name & Title of Provider Staff

City, State, & ZIP

Agency Name

Phone Number

Signature of Provider Staff

Date