



**METROPOLITAN DEVELOPMENT & HOUSING AGENCY  
 REFERRAL AND STATEMENT OF CERTIFICATION OF DISABILITY AND  
 COMMITMENT TO SUPPORTIVE SERVICES FOR THE HUD  
 CONTINUUM OF CARE SHELTER PLUS CARE PROGRAM**

Name of person being referred: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of members in household \_\_\_\_\_      Annual Income \$ \_\_\_\_\_

Race:  White    Black    American Indian    Asian    Pacific Islander

Is the applicant a veteran of the US military?       Y    N

**PART I – Homelessness Certification**

**I (case manager) certify the person being referred is currently staying (Check One):**

In a Shelter    On the streets    In a transitional housing facility, **and** before entering was in a shelter or on the streets

**PART II – Definition of “disability”:**

HUD defines a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment". At least one family member must be diagnosed with one or more of the following conditions: **substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.**

**Diagnosis: Check all that apply to the above named person. Third party verification of disability must be included (See page 4).**

For Chronic Purpose	For Shelter Plus Care Purpose
<input type="checkbox"/> Drugs and/or <input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs and/or <input type="checkbox"/> Alcohol
<input type="checkbox"/> Serious mental illness	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Developmental disability	<input type="checkbox"/> AIDS/Related
<input type="checkbox"/> Chronic physical illness or disability	<input type="checkbox"/> Other (specify)



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**PART III – Determination of Chronic Homelessness**

Chronically Homelessness is defined as: A homeless individual with a disability, as defined in the Act, who:

(i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and** has been homeless continuously for at least 1 year or on at least 4 separate occasions in the last 3 years ***where those occasions cumulatively total at least 12 months***, and each occasion is separated by at least seven nights (Stays in institution of fewer than 90 days do not constitute a break); or (ii) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in (i) of this definition, before entering that facility; or (iii) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in (i) and (ii) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Does the above-mentioned person meet the definition of “chronic homelessness”?  Y  N

**PART IV – Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) Score** Check appropriate range:

- Vulnerability Score 0-7 (individual); 0-8 (family) \_\_\_\_\_
- Vulnerability Score 8-12 (individual); 9-13 (family) \_\_\_\_\_
- Vulnerability Score 13-16 (individual); 14-18 (family) \_\_\_\_\_
- Vulnerability Score 17-23 (individual); 19-23 (family) \_\_\_\_\_

**Case management and/or any other necessary supportive services will be provided on an intensive basis following housing procurement. To the best of my ability, I will respond to any questions or concerns about the Shelter Plus Care applicant/participant. I will keep documentation of these services on file, and will submit such upon request by MDHA’s Homeless Coordinator.**

**By signing this referral the applicant agrees to participate in case management plan(s) or supportive services plan(s) determined necessary by the case manager, and to comply with the tenant obligations under the MDHA Shelter Plus Care Rental Assistance Program. I understand any failure to do so is grounds for the termination of my rental assistance.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Case Manager**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Agency/Organization**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Phone**

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

\_\_\_\_\_  
**E-Mail**



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**VERIFICATION OF HOMELESSNESS**

**Tell us about the applicant’s times of homelessness. All episodes of homelessness, whether chronic or non-chronic, must be verified.**

**Date** of last permanent address: \_\_\_\_\_ **Zip** of last permanent address: \_\_\_\_\_

Date Started	Date Ended	Streets	Name of Shelter	Verifying Signature

If the individual or family is designated as chronically homeless, **each episode** of homelessness must be verified in accordance with the following order for obtaining evidence of homelessness:

Third Party (Preferred)

Intake worker observation (If third party verification is not available)

Certification from the person seeking assistance (Permissible only for up to 3 months)

**Documenting an individual’s time in a place not meant for human habitation, an emergency shelter, or safe haven. Third party documentation is preferred; however:**

- For all clients, up to 3 months can be documented through self-certification;
- A single encounter in a month is sufficient to consider household homeless for entire month unless evidence of a break;
- If third party documentation cannot be obtained, a written record of intake worker’s due diligence to obtain, the intake worker’s documentation of the living situation, **AND** the individual’s self-certification of the living situation.

**Documenting breaks in homelessness – any break(s) in homelessness must be documented by:**

- Third party evidence
- The self-report of the individual seeking assistance (100% of the breaks can be documented by self-report)

**Documenting institutional stays:**

- Discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and ending dates of time residing in the institutional care facility;
- Where the above is not attainable, a written record of intake worker’s due diligence to obtain **AND** the individual’s self-certification that he or she is exiting an institutional care facility where they resided for less than 90 days.



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**VERIFICATION OF DISABILITY**

**The disabling condition of the qualifying family member must be verified in accordance with program requirements.**

**Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.**

**The following are acceptable methods of verification of disabling condition:**

1. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
2. Written verification from the Social Security Administration;
3. Copies of a disability check (e.g., SSDI check, SSI check or Veterans Disability Compensation);
4. Intake staff (or referral staff) observation that is confirmed within 45 days of the application for assistance and accompanied with one of the types of evidence above; or
5. Other documentation approved by HUD.

**Please attach one of the above verifications to this referral.**

**Return referral and all verifications to:**

**MDHA - Norman Deep, Director of Rental Assistance  
P O Box 846  
Nashville, TN 37202 or [ndee@nashville-mdha.org](mailto:ndee@nashville-mdha.org).**