Disabling Condition Quick Reference Guide

1. Does the client have disabling verification documents? *(Licensed Healthcare worker’s diagnosis form (i.e. MED-9), Social Security Administration benefit verification forms, disability check)*?

2. Yes, has disability verification documentation

3. Select “Yes” to Disabling Condition (located in the Client Intake/SnapshotManagement Page)

4. When answering the specific disability questions on the Questions Tab in Enroll Clients v5.5 page, the clients must:
   1) Select “Yes” for ONE or more top-level disability question (Physical Disability, Mental Disability, Developmental Disability, Chronic Health Condition, HIV/AIDS, Substance Abuse)**
   2) Select “Yes” the first follow-up question *(Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently)*.

5. When answering the specific disability questions on the Questions Tab in Enroll Clients v5.5 page, the clients must either:
   1) Select “No” for all top-level disability questions (Physical Disability, Mental Disability, Developmental Disability, Chronic Health Condition, HIV/AIDS, Substance Abuse) OR
   2) If the client has a non-disabling health condition, select “Yes” to the top-level disability question but answer “No” for the first follow-up question *(Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently)*. ***Option 2 is ONLY available for housing programs.

Ask the client, “Do you have a Disabling Condition?” (Note: Make sure to read them the definition of a disabling condition)*.

Note: Emphasize to the client that the condition must be long-continuing or indefinite and affect independent living (this usually means that it affects the ability for the client to earn a living or keep employment).

Client self-reports “No” to Disabling Condition (located in the client intake/SnapshotManagement Page)

No, does not have disability verification documentation. Then use client’s self-report

Client self-reports “Yes” to Disabling Condition (located in the client intake/SnapshotManagement Page)
Disabling Condition Quick Reference Guide

*Definition of Disabling Condition:

A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:

(1) Is expected to be long-continuing or of indefinite duration;

(2) Substantially impedes the individual’s ability to live independently; and

(3) Could be improved by the provision of more suitable housing conditions.

- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV)

**Definitions of Specific Disabilities:

Instructions: Use the definitions and examples below to help the client determine which specific disabilities their condition may fall under.

<table>
<thead>
<tr>
<th>Physical Disability</th>
<th>Physical impairment- an impairment that affects mobility (quadriplegic, paraplegic, missing limb, etc.), dexterity, stamina, visual impairments (e.g. blindness), hearing loss (e.g. deafness).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Disability</td>
<td>A severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>A diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV)</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>Select “Yes” if the mental health problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature. A mental health problem may range from situational depression to serious mental illnesses.</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>In separate data fields, determine: (1) if the client has an alcohol or drug abuse problem or both</td>
</tr>
</tbody>
</table>

***Expected to be of long-continued...Question

Someone may have a temporary condition or it is not affecting their independence. In this case put “No” for Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently question. This option is only available for housing and ES entry/exit programs NOT for Emergency Shelter Night-By-Night. Only disabilities with Expected to be... question selected “Yes” will be counted towards Chronic Homelessness.