

**CONFIRMATION OF AIDS/HIV DIAGNOSIS AND
HIV/AIDS RELATED DISABILITY
The Phoenix House, L.L.C.**

Name: _____ DOB: _____ SS#: _____

This person has applied for Supportive Housing Program (SHP) assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. To qualify for housing at the Phoenix House, L.L.C. potential residents must be determined by a qualified third party as both HIV Positive and disabled per HUD guidelines.

We ask your cooperation in providing the following information and returning it to the address below. Your prompt return of this information will help to ensure timely processing of the application for assistance. If you have any questions please call John LeFlore, Housing Manager at 773-277-1251 ext 18.

This form must arrive directly from the medical professional. Please return completed form to:
The Phoenix House, L.L.C. , Attn: John LeFlore, 212 E. Ohio, 5th floor, Chicago, IL. 60611

Area to be completed by a Medical Professional

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. YES NO Is diagnosed HIV+.
2. YES NO Is disabled per HUD guidelines. [HUD guidelines are

printed on the reverse side of this form.]

Firm/Organization: _____

Medical Professional Signature: _____ Date _____

Name and Title (Please Print): _____

Address: _____

**CONFIRMATION OF AIDS/HIV DIAGNOSIS AND
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Side 2**

HUD Definition of Disabled Persons for Supportive Housing Programs (SHP)

In the SHP statute, a homeless person with a disability has at least one of the following characteristics:

- Is disabled under Section 223 of the Social Security Act;
- Has a physical, mental, or emotional impairment of long-continued duration, impeding the ability to live independently, and of a nature that could be improved by more suitable housing;
- Has a developmental disability;
- Has AIDS or conditions arising from its etiological effects.

The Phoenix House, L.L.C.

212 E. Ohio, 5th Floor

Chicago, IL. 60611

(773) 935-4663



APH -Form 24A, 10-7.