

Confidential
Tenant Eligibility Certificate

To be used only for determining tenant eligibility for supportive housing

THIS SECTION FOR USE BY PROJECT OWNER/MANAGER

Applicant Name _____ Social Security Number _____

Tenant is eligible for supportive housing if items 1 through 3 below are completed:

1. Tenant's name and social security number are indicated legibly above; and
2. All information at bottom of page is provided including original signature; and
3. Either of the following is done:
 - (a) In box below for "Mental Illness Diagnosis" one box is checked; or
 - (b) In box below for "Mental Retardation Diagnosis," the box is checked beneath "Onset" and one box is checked beneath "IQ Level" and one box is checked beneath "Adaptive Functioning Level"

THIS SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER

Mental Illness Diagnosis:

Past history of MI State Hospitalization
or

One or more of the following DSM IV AXIS I
Diagnoses:

- Major mood disorders
- Schizophrenia or other psychotic disorders
- Severe anxiety disorders

Mental Retardation Diagnosis:

Onset:

Developmental (below age 18 years)

IQ Level

Adaptive Functioning Level

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> MILD | <input type="checkbox"/> MILD |
| <input type="checkbox"/> MODERATE | <input type="checkbox"/> MODERATE |
| <input type="checkbox"/> SEVERE | <input type="checkbox"/> SEVERE |
| <input type="checkbox"/> PROFOUND | <input type="checkbox"/> PROFOUND |

Mental Illness--Groups of serious brain disorders that affect a person's brain or are manifested in a person's brain. A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress (a painful symptom) or disability (impairment in one of more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. This syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event. Whatever its original cause it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Must be a DSM IV AXIS I diagnosis as indicated below.

Mental Retardation--Significant sub-average general intellectual functioning resulting in or associated with concurrent impairment in adaptive behavior; manifested prior to age 18; and is of a severe, chronic nature that results in substantial functional limitations in three (3) of the following areas of life activities: a) Self care (ability to take care of basic life needs for food, hygiene and appearance; b) Receptive and expressive language (ability to both understand others and to express ideas or information to others either verbally or non-verbally); c) Learning (ability to acquire new behaviors, perceptions, and information and to apply experiences to new situations); d) Self-direction (managing one's social and personal life and ability to make decisions necessary to protect one's self); e) Capacity for independent living (age-appropriate ability to live without assistance; f) Economic self-sufficiency (maintaining adequate employment and financial support).

Signatures required:

1. Mental Illness (MI)--A Mental Health Professional Staff Member as defined in the Alabama Medicaid Agency Provider Manual, § 105.2.3 relative to approval of treatment by a licensed physician, licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, or registered nurse with a Master's degree in psychiatric nursing licensed under Alabama Law. *See also* 42 CFR 440.130(d) describing who is allowed to recommend Rehabilitative Services (including those for MI in AL)
2. Mental Retardation (MR)--A Qualified Mental Retardation Professional (QMRP) per 42 CFR § 483.430. That is, a human service professional with at least one (1) year experience working with persons who are mentally retarded or developmentally disabled; who have demonstrated knowledge of the habilitation process; are licensed, certified or registered as appropriate, to provide professional services by the state or professional regulatory authority. Can be a doctor; physical therapist; Master's level psychologist; licensed or eligible for licensure; social worker; speech pathologist; certified audiologist; professional recreation staff with a bachelor's degree or a RN with at least one year's experience working in the field.

The individual named above has received such examination or evaluation as is required under applicable state and federal laws and regulations to make the diagnoses indicated above, and the undersigned hereby certifies that he or she is qualified to execute this Confidential Tenant Eligibility Certificate under the criteria set forth above and acknowledges that this certificate will be used to determine whether the above individual is a member of the Wyatt class (see Wyatt v. Sawyer 105 F Supp. 1234 (M. D. Ala. 2000)) and, therefore, eligible for supportive housing under a supportive housing program established in conjunction with the Low-Income Housing Tax Credit Program and the HOME Investments Partnerships Program. The criteria set forth above will continue to apply to the supportive housing program even if the Wyatt case is no longer pending. This certificate may be relied upon solely for such purposes by the owner and manager of the housing, the Alabama Department of Mental Health and Mental Retardation and the Alabama Housing Finance Authority. Each recipient of this certificate agrees to protect its confidentiality, subject to penalty under applicable law.

Name _____ Degree & Field _____ AL License No. _____
 Signature: _____ Date: _____

