



Department for Children and Families
Economic Services Division
280 State Drive
Waterbury, VT 05671-1020

Agency of Human Services

[fax] 802-241-0460
[toll free] 800-479-6151

Emergency Housing Disability Verification Form

Your patient/client has requested assistance from the Department for Children and Families, Economic Services Division (ESD). To process this request ESD will need the questions below answered by you as the patient's/client's health care professional or as their counselor from the Division of Vocational Rehabilitation. Please complete this form as quickly as possible so that ESD can determine if it may provide the requested assistance.

Payment for the examination needed to complete this form will be made to you on the same basis as payment under Medicaid. No payment will be made solely for completion of this form.

Patient/Client Name: _____

DOB: _____ Last 4 digits SSN: _____

1. Due to a disability is your patient/client unable to work more than an average of 20 hours a week over the next three months? Yes No
2. Due to a disability was your patient/client unable to work for more than an average of 20 hours a week over the past three months? Yes No

Comments/Remarks:

Provider name (please print): _____ Provider #: _____

Address: _____ Phone #: _____

Provider Signature: _____ Date: _____

➤ This form may be returned to your patient/client, dropped off at a district office or faxed to ESD at (802) 241-0514.