



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

Agency of Human Services

[fax] 802-241-0460
[phone] 800-775-0506

Emergency Housing Disability Documentation Form

This form must be used to document a qualifying disability or health condition under General Assistance (GA) rule 2652.2, Emergency Housing Assistance. A health care provider who is licensed, certified, or otherwise authorized by law to provide professional health care services in Vermont must complete this form.

Applicant Name: _____ DOB: _____ Last 4 SSN: _____

1. Please provide a description of the disability or health condition:

2. Please explain the risk posed to the individual's health, safety, or welfare if GA emergency housing is not authorized:

3. Does this person need specialized program services or residential placements to appropriately treat their condition? If so, what and do they have case management in place to provide assistance in attaining those services/placements?

4. How long do you expect this illness, injury or condition to last? (Please check one)

- ☐ 1 Week ☐ 2 Weeks ☐ 1 Month ☐ 2 Months ☐ 3 Months
☐ 4 Months ☐ 6 Months ☐ 9 Months ☐ 1 Year or more

To Be Completed By the Provider:

☐ I have assessed the individual referenced above and/or I am treating the person for the conditions listed above.

Provider Name (Please print): _____

Provider Credential: _____ Credential Number: _____

Address: _____ Phone number: _____

Provider Signature: _____ Date: _____

- Supporting documentation may be submitted via the uploader:
(<https://dcf.vermont.gov/esd/applicants/uploader>) or delivered in person to a local District Office.
- District Office locations can be found at <https://dcf.vermont.gov/esd/contact/districts>.
- For free legal help contact Vermont Legal Aid, Inc. at 1-800-889-2047.