



**PHILADELPHIA YOUTH NETWORK
DISABILITY CERTIFICATION**

*This form must be completed by a professional who currently works with individuals with disabilities.
The verification of family income is waived for individuals with disabilities.*

This form will be a part of the permanent record folder of the customers enrolled in WIA programs. The sole purpose of the form will be for determining eligibility for WIA only. The signer will be liable for the truth of all statements made below.

APPLICANT INFORMATION

Name: _____

Please answer the following questions that apply to you. If your answer is yes, please explain.

1. Do you have a record of institutionalization, which prevented participation in other training programs or hindered work history?
Yes_____ No_____
If yes, please explain_____

2. Have you had job loss(es) due to disability?
Yes_____ No_____
If yes, please explain_____

3. Have you had repeated rejection by employers of your application for jobs despite meeting job requirements?
Yes _____ No_____
If yes, please explain_____

4. Have you experienced constraints while participating in training programs due to disability?
Yes____ No____
If yes, please explain_____

5. Do you experience difficulty in conducting job search due to limitations imposed by the disability?
Yes_____ No_____
If yes, please explain_____

PROFESSIONAL VERIFICATION

I certify that the previous named applicant has the following physical and/or mental condition*, which qualifies him/her as an individual with a disability.

Condition: _____

_____ Has a physical or mental impairment which substantially limits one or more life activities.

_____ Has a record of such impairment; or

_____ Is regarded as having such an impairment.

In my view, this individual does have a disability, which substantially hinders their ability to attain employment and can benefit from WIA services by being placed in an employment/training activity.

Name & Title of Professional (print)

Signature of Professional

Date _____

* DEFINITIONS ON REVERSE

THE PHRASE "PHYSICAL OR MENTAL IMPAIRMENT" MEANS:

- (I) ANY PHYSIOLOGICAL DISORDER OR CONDITION, COSMETIC DISFIGUREMENT OR CONDITION, OR ANATOMICAL LOSS AFFECTING ONE OR MORE OF THE FOLLOWING BODY SYSTEMS:
NEUROLOGICAL, MUSCULOSKELETAL, SPECIAL SENSE ORGANS, RESPIRATORY, INCLUDING SPEECH ORGANS,
CARDIOVASCULAR, REPRODUCTIVE, DIGESTIVE, GENITO-URINARY, HEMIC AND LYMPHATIC, SKIN AND ENDOCRINE.
- (II) ANY MENTAL OR PSYCHOLOGICAL DISORDER, SUCH AS MENTAL RETARDATION, ORGAN BRAIN SYNDROME, EMOTIONAL OR MENTAL ILLNESS AND SPECIFIC LEARNING DISABILITIES; AND
- (III) THE TERM "PHYSICAL AND MENTAL IMPAIRMENT" INCLUDES, BUT IS NOT LIMITED TO SUCH DISEASES AND CONDITIONS AS ORTHOPEDIC, VISUAL, SPEECH AND HEARING IMPAIRMENTS, CEREBRAL PALSY, EPILEPSY, MUSCULAR DYSTROPHY, MULTIPLE SCLEROSIS, CANCER, HEART DISEASE, DIABETES, MENTAL RETARDATION, EMOTIONAL ILLNESS AND DRUG ADDICTION AND ALCOHOLISM.