

STEADFAST HOUSING DEVELOPMENT CORPORATION

677 Ala Moana Boulevard • Suite 713 • Honolulu, Hawaii 96813 • (808) 599-6230 • Fax: (808) 599-1821

CERTIFICATION OF SEVERE AND PERSISTENT MENTAL ILLNESS

The State of Hawaii, Department of Health, Adult Mental Health Division (AMHD) requires all eligible applicants to be diagnosed with a Severe and Persistent Mental Illness. The following individual has been referred to a Steadfast Housing Development Corporation (SHDC) program:

Name of Applicant

Date

(Name of AMHD Community Agency)

Yes No This applicant is capable of participating in the referred program.

Yes No Following are behavioral indicators that SHDC should be aware of:

Name and Phone of Probation Officer: (if applicable) _____

CERTIFICATION: This applicant is diagnosed with a Severe and Persistent Mental Illness, as defined by the State of Hawaii, Adult Mental Health Division.

Signature of Authorized Representative

Date

Print Name of Authorized Representative

Title