Region 4 Supported Housing Program
206 W. Monroe Avenue
Norfolk, NE 68701
402-370-3100
402-370-3125 (fax)

Diagnosis Eligibility Form

A consumer shall be considered for eligibility for the housing program if they are an adult (18+) with serious mental illness as defined by Nebraska Revised Statute 71-812(3) or an adult with a substance use disorder or co-occurring disorders as defined by the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions.

Consumer Full Name: _____

Date of Diagnosis: _____ (*must be within the preceding 12 months to qualify*)

Does this diagnosis meet the state criteria for SED/SMI? ☐ Yes ☐ No

Name of Diagnosing Clinician: _____

Organization/Practice Name: _____

List Diagnosis Codes (ICD-10):

A. ICD-10: _____

☐ First treatment for diagnosis ☐ 12 months of longer duration

B. ICD-10: _____

☐ First treatment for diagnosis ☐ 12 months of longer duration

C. ICD-10: _____

☐ First treatment for diagnosis ☐ 12 months of longer duration

As a result of the entire diagnosis, please check all that apply:

☐ Causing "Physical Functioning" deficit
☐ Causing "Community Living Skills" deficit
☐ Causing "Vocational/Education" deficit
☐ Causing "Personal Care Skills" deficit
☐ Causing "Mood" deficit
☐ Causing "Interpersonal Relationships" deficit
☐ Causing "Psychological State" deficit
☐ Causing "Daily Living" deficit
☐ Causing "Social Skills" deficit
☐ Not Applicable

By signing below, I certify that the information provided above is true to the best of my knowledge and belief. I am providing this information to assist the named consumer in obtaining a determination of eligibility for the Region 4 Supported Housing Program.

_____ _____ _____
Service Provider Signature **Printed Name** **Date**

Revised 2/2026