Does my client have a disabling condition?

START

Does the client have HIV/AIDS or a developmental disability?

YES

END: Client has a disabling condition

NO

Is the condition expected to last a long time, or last a lifetime?

YES

END: Client does not have a disabling condition

NO

Will the condition prevent the individual from being able to live independently?

YES

END: Client has a disabling condition

NO

Could the condition be improved if more suitable housing conditions were provided?

YES

NO

END: Client does not have a disabling condition

YES