



Housing Authority of the City of Conway

DIEDRA LEVI
Executive Director

Name & Address of Health Care Provider

Household Member's Name & Address

The household member named above has applied for or is receiving federal housing assistance. The household member has requested our permission to have a "live-in aide". The aide would live in the household member's unit for the sole purpose of providing supportive services essential to the member's care and well-being.

If a person who is elderly (age 62 or older) or has a disability requests permission to have a live-in aide, we must consider the request. We must determine whether the individual qualifies as "disabled" under federal laws and whether the person requires the live-in aide in order to have an equal opportunity to use and enjoy the unit.

We would appreciate your cooperation in answering the questions on the attached form and returning it the Conway Housing Authority. Enclosed is a self-addressed, stamped envelope for this purpose. The household member has consented to this release as show on the attached "Live-In Aide Request" verification form.

Sincerely,

A handwritten signature in blue ink that reads "Lorna J. Simmons".

Lorna J. Simmons
HCV Administrator

Attachment

LIVE-IN AIDE VERIFICATION

Please complete this form and return it in the envelope provided as soon as possible.

INFORMATION REQUESTED

1. Is the household member disabled, as defined below? Yes No
2. In your professional opinion, does the household member need the services of a live-in aide in order to have the same opportunity that a non-disabled individual has to use and enjoy the unit? Yes No

DEFINITION OF DISABLED

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3 and HUD Handbook 4350.3 (Fig. 3-6)].

Name and Title of Person Supplying Information _____

Firm/Organization _____

Signature _____ Date _____

HOUSEHOLD MEMBER RELEASE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on separate consent attached to a copy of this consent.

Signature _____ Date _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee or HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C. 208 (f) (g) and (h). Violation of these provides are cited as violations of 42 U.S.C. 408 (f), (g), and (h).



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LIVE-IN AIDE AGREEMENT

As a condition to obtaining the Conway Housing Authority's approval for a Live-in Aide, the Participant and the Live-in Aide hereby acknowledge and agree as follows:

Live-in Aide Initial Below

_____ The Live-in Aide shall not become a member of the household regardless of the length of his/her stay in the unit or his/her relationship to the participant.

_____ The Live-in Aide shall be living in the unit **solely** to provide support services to household member requiring assistance, and provides no income to the household member. If the household member requiring assistance no longer resides in the unit, the Live-in Aide shall have no rights or privileges to remain on the premises and must vacate immediately.

_____ If the household member requiring assistance dies, the Live-in Aide shall vacate the unit immediately of said household member's death. If the household member requiring assistance moves out, the Live-in Aide shall vacate the unit no later than said household member's departure date. Upon the termination of the Live-in Aide's services for any other reason, the Live-in Aide shall vacate the unit within 24 hours.

_____ The Live-in Aide shall not violate any of the Rules and Regulations. The Landlord may evict the Live-in Aide if he/she violates any of the House Rules.

_____ The Live-in Aide agrees that no additional promises have been made to him/her regarding occupancy by the participant or the participant's landlord.

_____ Live-in Aide **does not pay** any rent to the participant or the participant's landlord.

Participant Initial Below

_____ As the leaseholder/participant, I understand that I am responsible for any and all actions of the Live-in Aide while said Aide is on the property or in the unit.

_____ As the leaseholder/participant, I understand that I am responsible for damage charges incurred by the Live-in Aide, including holdover rent charged because the Live-in Aide has failed to vacate the premises.

_____ Live-in Aide **does not pay** any rent to the participant or the participant's landlord.

Signatures:

Participant

Date _____

Live-in Aide

Date _____

PHA Representative

Date _____



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Request for Care Attendant/Live-in Aide

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact us.

Request made by: Name: _____ Phone: _____
Address: _____

Please answer the following questions:

1. Which family member requires a live-in aide? _____

2. Explain how a live-in aide is essential to the care and well-being of this family member:

3. Is the live-in aided needed: full-time or part-time
If part-time, what hours of the day? From _____ to _____

4. List any qualified health professionals who can verify the need for a live-in aide.
Name/Title _____ Phone # _____
Name/Title _____ Phone # _____

5. What is the current address of the proposed live-in aide?

Street City/State Zip code

6. Is the proposed live-in aide a relative? Yes No

I certify that the information contained herein is true and correct.

Signature _____ Date: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.