



## Pinellas County Housing Authority

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www.PinellasHousing.com

### LIVE-IN AIDE VERIFICATION FORM

Please complete the form below. If you submit this form with missing or incorrect information, this form will be returned to you to complete, which will delay the processing of your request. This request may require subsequent reviews on an annual basis as part of the recertification process.

Case Manager/Property Manager Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Health Care provider or other Verification Source (Please Print Legibly)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**VERIFICATION INSTRUCTIONS:** The person named below has applied for or is receiving federal assistance through one of our programs. This person has requested a Live-In-Aide and must obtain verification that the Live-In Aide is needed. We are required to verify that the household member qualifies as "disabled" under federal law, and to determine the disability related need and/or nexus between the Live-In Aide and individual disability. I understand that oral verification from health care provider may be required.

#### HOUSEHOLD MEMBER

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

#### REQUESTED LIVE-IN AIDE INFORMATION

Name of Prospective Live-in Aide: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to household member: \_\_\_\_\_

The following information must be provided to Housing Advisor or Property Manager:

- Social Security Card
- Birth Certificate or Voter's ID
- State Issued Photo ID
- Local Background Check/Police Report

**INFORMATION REQUESTED (Information below to be filled out by health care provider)**

1. Is the household member disabled as defined below?  Yes  No
2. Is the Live-In Aide essential to the care and well-being of household member?  Yes  No
3. Is the household member's disability permanent and without the potential for improvement?  
 Yes  No
3. If Live-In Aide is required on temporary basis, please provide an estimate time of duration. \_\_\_\_\_
4. How many hours of assistance by Live-in Aide are needed each day? \_\_\_\_\_
5. Is more than one aide needed to occupy the unit?  Yes  No If Yes, how many? \_\_\_\_\_
6. Please indicate the activities of daily living (ADLs) with which the person requesting a Live-In Aide requires assistance and with which the Live-In Aide would provide.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEFINITION OF DISABILITY**

Under Federal Law, an individual is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activity, has a record of said impairment or is regarded as having said impairment.

The term physical or mental impairment includes but is not limited to such diseases and conditions as orthopedic visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency, virus infection, mental retardation, emotional illness, drug addiction and alcoholism. The definition does not include any individual who is a 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 (Exhibit 2-2)].

Medical Professional Supplying Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_ Business/Professional Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.*