



**VERIFICATION OF LIVE-IN AIDE**

\_\_\_\_\_  
 Applicant/Participant in need of Live-in Aide

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

The individual named above has applied for/receives housing assistance subsidized through the Department of Housing and Urban Development. Federal regulations require that before a live-in aide can be approved, the medical necessity of an aide must be verified.

**Definition of a live-in aide: A person approved by the PHA who resides in the unit to care for a family member who is disabled or at least 50 years of age, and who:**

- Is determined to be essential to the care and well being of the person(s)
- Is not obligated for support of the person(s)
- Who would not be living in the unit except to provide necessary supportive services, and
- Is using the subsidized unit as their primary residence

**TO BE COMPLETED BY A THIRD PARTY:** If this is an initial request, a licensed physician must complete this form. If this is an annual re-verification of the need for a live-in aide, any licensed medical professional may complete this verification.

I, \_\_\_\_\_ (name and title), hereby certify that for the above named individual, a live-in aide is essential for his/her care and well-being per HUD regulations and the definition stated above.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 License #

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY FAMILY:**

The live-in aide services approved by the above physician will be provided by:

Name of Live-In Aide: \_\_\_\_\_

**Before DOH can approve a specific individual as a live-in aide, they must complete the *Family Request To Add Live-in Aide* form.**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

