

MODEL FORM

Send Provider Form to Verify Need for Live-In Aide

Here's a form you can send to the health care provider of an applicant or resident who requests a live-in aide as a reasonable accommodation. The form asks the provider to verify the applicant or resident's need for the live-in

aide. Have the resident sign the form where indicated to authorize the provider's release of information. Show this form to your attorney before using it at your site.

LIVE-IN AIDE REQUEST VERIFICATION

DATE: [Insert date]

TO: [Insert health care provider's name and address]

FROM: [Insert site manager's name, address, and tel. #]

RESIDENT'S NAME: _____

RESIDENT'S ADDRESS: _____

The resident above has applied for or is receiving federal rental assistance at our site. The resident has requested permission to have a live-in aide who would live in the household with the resident for the sole purpose of providing supportive services essential to the resident's care and well-being.

If a resident at our site who is elderly (age 67 or older) or near elderly (age 50 or older) or who has a disability requests permission to have a live-in aide, we must consider the request. We must determine whether the resident qualifies as disabled under federal law and whether the resident requires the live-in aide in order to have an equal opportunity to use and enjoy our site.

We would appreciate your cooperation in completing this form, answering all questions, and returning it to the site manager listed above. Enclosed is a self-addressed, stamped envelope for this purpose. The resident has consented to this release of information, as shown below on this form.

INFORMATION REQUESTED

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

Definition of "Disabled." Under federal law, an individual is disabled if he or she has a physical or mental impairment that substantially limits one or more life activities, has a record of such impairment, or is regarded as having such 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 addiction; and alcoholism. This definition doesn't 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 and HUD Handbook 4350.3).

PROVIDER'S SIGNATURE

NAME OF PERSON PROVIDING INFORMATION _____

TITLE _____ LICENSE # _____

SIGNATURE _____ DATE _____

RESIDENT'S 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. If there are circumstances that would require the owner to verify information that is up to five years old, I would authorize that on a separate consent document.

RESIDENT'S SIGNATURE _____ DATE _____