

**LIVE-IN CARE ATTENDANT VERIFICATION**

**DATE** \_\_\_\_\_

<b>To:</b>	<b>From:</b>
<b>Street Address:</b>	<b>Street Address</b>
<b>City,</b>	<b>City, State, zip</b>
<b>State, zip</b>	<b>Manager's Name:</b>
<b>Tel. ( )</b>	<b>Tel: ( )</b>
<b>FAX: ( )</b>	<b>Fax: ( )</b>

Mr./Ms. \_\_\_\_\_ has applied for residency at \_\_\_\_\_ . As part of our processing, we must obtain verification of his/her need for a live-in care attendant. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your cooperation and prompt response.

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**RELEASE STATEMENT**

I hereby authorize the above-named management agent to make inquiries regarding my need for a live-in care attendant for the purpose of determining my eligibility for occupancy.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER**

**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 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, drug addiction, and alcoholism. This 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]

**INFORMATION REQUESTED**

1. Is the household member disabled as defined above?    ( ) 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 his/her residence?    ( ) Yes    ( ) No

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I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone #

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WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.