

**Miami-Dade County CoC
PSH TBRA Program**

Live-In Aide Request

The U. S. Department of Housing and Urban Development (HUD) regulations (24 CFR 982.316) states: "a family that consists of one or more elderly, near-elderly or disabled persons may request approval for a live-in aide to reside in the unit and provide necessary support services for a family member who is a person with disabilities". A live-in aide qualifies for occupancy only so long as the individual needs support services and may not qualify for continued occupancy as a remaining household member. A live-in aide's income will not be counted as a part of the household income.

A Live-in Aide is defined as a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

Program Participant Name: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

Name of Disabled Family Member
In Need of Live-In Aide: _____



Please answer the following:

1. Name of requested Live-In Aide: _____

2. What are the qualifications of the Live-In Aide that will provide the needed care?

3. Will you and the Aide maintain separate finances: Yes No

4. What will be the sole duties /responsibilities of the Live-In Aide?

5. Please provide any comments to assist in the evaluation of the Live-In Aide Request

I certify that I, or a member of my family am/is in need of a Live-In Aide.

Signature of Head of Household

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Note: Prior to approval, all required eligibility and screening of the live-in aide will be completed which will include criminal screening for criminal acts in connection with any federal housing programs, drug-related criminal activity or violent criminal activity; and documentation may be requested that the live in aide left their previous residence in good standing.

If you or anyone in your family is a person with disabilities and you require a specific accommodations in order to fully utilize our programs and services, please contact the Miami-Dade County Homeless Trust at 305-375-1490

Miami-Dade County CoC
PSH TBRA Program

CERTIFICATION OF LIVE-IN AIDE

A Live-in Aide is defined as a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

Program Participant Name: _____

Address: _____

Name of Disabled Family Member
in Need of Live-In Aide: _____

.....
Name of The following is to be completed by the Live-In Aide Applicant:

I, _____, understand the following:

1. I am determined to be essential to the care and well-being of the person(s) needing the care;
2. I am qualified to provide the needed care;
3. I was not part of the household prior to the need for such care arising;
4. I am not obligated for the financial support of the person(s) needing care;
5. I maintain separate finances separate from the household receiving housing assistance; and
6. I would not be living in the unit except to provide the necessary sup-ortive services, therefore am not entitled to Plano Housing Authority assistance.

I further understand that the TBRA Program will conduct a criminal background check. If the following proves to be true, it will constitute my denial as a live-in aide:

1. If I commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program; or
2. If I have a history of drug-related criminal activity or violent criminal activity.

I, after being duly sworn, depose and say that I understand the above statement and that it is true and correct and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in aide assistant.

Live-In Aide Applicant Signature _____

Social Security Number: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date), by _____ (name), who is personally known to me or who has produced _____ (type of identification) as identification.

My Commission Expires: _____

Notary Public Signature _____

Commission # _____

Printed Name: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Miami-Dade County CoC
PSH TBRA Program

PROFESSIONAL'S VERIFICATION OF NEED FOR LIVE-IN AIDE

Program Participant Name: _____

Address: _____

Social Security Number: _____

Name of Disabled Household Member
in Need of Live-In Care: _____

The individuals named above receive housing assistance subsidized through the Department of Housing and Urban Development (HUD). Federal regulations require that before a live-in aide can be approved, the medical necessity of an aide must be verified.

A live-in aide is defined as: a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who:

1. is determined to be essential to the care and well-being of the persons;
2. is not obligated for the support of the persons; and
3. would not be living in the unit except to provide the necessary support services.

.....
TO BE COMPLETED BY KNOWLEDGEABLE LICENSED PROFESSIONAL:

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

Signature

Date

License Number

Address

Phone

May we contact you if additional information is needed to verify request? Yes No

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction