

MODEL FORM

Verify Live-In Aide Request with Health Care Provider

Get your attorney's okay before you send our form to health care providers. To use the form, fill in the name and address of the health care provider, the site manager, and the household member. Then ask the household mem-

ber to sign the release statement before you send the form to the health care provider. The release statement shows the health care provider that the household member has okayed the release of confidential information to you.

LIVE-IN AIDE REQUEST VERIFICATION

DATE: _____

TO: HEALTH CARE PROVIDER'S NAME _____
HEALTH CARE PROVIDER'S ADDRESS _____

FROM: SITE MANAGER'S NAME _____
SITE MANAGER'S ADDRESS _____

HOUSEHOLD MEMBER'S NAME: _____
ADDRESS: _____

The household member named above has applied for housing, or is residing, at a site receiving assistance under the federal tax credit housing program. The household member has requested our permission to have a "live-in aide." The aide would live in the household member's unit for the sole purpose of providing supportive services.

If an individual with disabilities requests permission to have a live-in aide, we must consider the request. We must verify that the individual qualifies as "disabled" under federal law and requires the live-in aide in order to have an equal opportunity to use and enjoy the site.

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

INFORMATION REQUESTED

1. Is the household member disabled as defined below? 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 nondisabled individual has to use and enjoy the site? Yes No

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 an impairment; or is regarded as having such as 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 [Fair Housing Act: 42 USC §3601 *et seq.*].

NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION _____

FIRM/ORGANIZATION _____

SIGNATURE _____ DATE _____

HOUSEHOLD MEMBER RELEASE

To the household member: You do not have to sign this form if the name or address of either the site manager or the health care provider is left blank.

Release: I hereby authorize the release of the requested information.

SIGNATURE _____ DATE _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at Section 208(a)(6), (7) and (8). Violations of these provisions are cited as violations of 42 USC Section 408(a)(6), (7) and (8).