

The Housing Authority of the City of Montgomery, Alabama

1020 Bell Street

Montgomery, Alabama 36104-3056

Telephone #: 334-206-7200 FX 334-206-7222

LIVE-IN AIDE REQUEST VERIFICATION

DATE _____

TO _____

HEALTH CARE PROVIDER

HEALTH CARE PROVIDER'S ADDRESS

FROM _____

SITE MANAGER

SITE ADDRESS

HOUSEHOLD MEMBER'S NAME _____

ADDRESS _____

The household member named above has applied for or is receiving federal rental assistance at our site. 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 essential to the member's care and well-being.

If a person who is elderly (age 62 or older), near-elderly (age 50 or older), or has a disability requests permission to have a live-in aide, we must consider the request. We must determine whether the individual qualifies as "disabled" under federal law and whether the person 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 on the next page.

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 an 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 8.3 and HUD Handbook 4350.3 (Fig. 3-6)].

Name and Title of Person Supplying 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. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.