

HOUSING AUTHORITY OF THE TOWNSHIP OF BRICK



LIVE-IN AIDE PACKET

SECTION 1 — LIVE-IN AIDE POLICY

LIVE-IN AIDE POLICY

In accord with Federal Regulation 24 C.F.R. 965.4(d)(3)(1), the Housing Authority of the Township of Brick (hereinafter referred to as the "Authority") hereby adopts the following policy regarding the regulation of the residence of live-in aides in public housing and Section 8 assisted housing under the Authority's jurisdiction. This policy is designed to enable the Authority to determine the proper accommodation of the mental or physical handicaps of public housing tenants and Section 8 Program participants in a manner consistent with the rights of other tenants and program participants and the purposes of the Authority's housing programs.

1. General Legal Qualifications

In order to be eligible for a live-in aide, the aide may reside with a disabled or handicapped person if the aide:

- a. is determined to be essential to the care and well-being of the tenant/program participant of the tenant's/participant's household;
 - b. is not obligated for the support of the tenant/participant;
 - c. would not be living in the household except to provide the necessary supportive services;
 - d. is not to be a member of the assisted family but living in the unit solely to provide essential care services. Income of a bona fide live-in aide will not be counted as income of a family member; and
 - e. is not in residence in the unit to provide such significant supportive services so that the tenant/participant cannot participate in the Authority's housing programs presently constituted or would require the Authority to significantly or substantially change the basic nature of its housing programs.
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2. Request Procedure

To gain approval for a live-in aide, a public housing tenant or voucher program participant must comply with the following procedures:

- a. Tenant/participant shall submit the request in writing on a fully completed live-in aide request form.
 - b. The request form shall supply all information requested, including the reasons for the request, how a live-in aide would help the tenant/participant comply with the terms of the lease, and how the presence of a live-in aide accommodates the tenant's/participant's particular needs.
 - c. Tenant/participant shall provide medical documentation of the tenant's/participant's physical or mental disability necessitating the live-in aide. Tenant/participant shall grant the Authority access to the tenant's/participant's medical records and history.
 - d. Tenant/participant shall submit to any mental or physical evaluations by the Authority's physicians or other experts in order to determine the nature and significance of the tenant's/participant's mental and physical impairment, if the Authority, in its sole discretion, is not satisfied with the medical documentation received.
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3. Evaluation Criteria

If the Authority agrees that the tenant/participant qualifies for a live-in aide in accord with paragraphs 1 and 2 of this policy, the tenant/participant shall submit the name of the specific live-in aide to the Authority for approval. The Authority will consider the following in determining the suitability of the live-in aide:

- a. Standard tenant/program participant selection criteria pertaining to ability to abide by the terms of a lease, including criminal history.
- b. Qualifications of the proposed individual to act as a live-in aide for the particular tenant/program participant. This shall include but not be limited to:
 - 1. Experience in rendering the type of aid necessary for the particular tenant/program participant as required by the medical information as evaluated by the Authority.
 - 2. The training or education of the prospective aide which would help or prepare the proposed live-in aide to provide the necessary care.
- c. Whether the availability of the proposed aide is sufficient to meet the needs of the tenant.
- d. The suitability of the tenant's/program participant's unit, considering the addition of the aide to the household and, under the public housing program, whether a properly sized unit is available where a transfer is possible.

4. Continuing Evaluation

The status of the residency of the aide is subject to periodic review by the Authority. The aide may be removed by the Authority if he or she fails to abide by the terms of the lease and program obligations, becomes medically unnecessary, or fails to meet any criterion of this policy.

The tenant's/program participant's medical condition is also subject to periodic review to determine that the tenant/participant continues to be qualified for the aide program. Tenant/participant, upon request by the Authority, must submit current medical records and must cooperate with medical tests or evaluations performed by the Authority's medical experts upon request.

Adopted on: 1/28/02

SECTION 2 — LIVE-IN AIDE REQUEST FORM

LIVE-IN AIDE REQUEST FORM

Tenant Name: _____

Address / Unit #: _____

Phone: _____

Program: Public Housing Section 8 HCV

1. I am a disabled and/or handicapped person.
2. As a result of my disability/handicap, I require the care of a resident live-in aide for:
Time period: _____
3. Such live-in aide would not be obligated for my financial support.
4. Such live-in aide would not be living in my household except to provide necessary supportive services.
5. Such live-in aide would not be a member of my family but would live in my dwelling unit solely to provide essential care services.

I hereby provide medical documentation supporting this request and authorize the Authority to access my medical records.

Tenant Signature: _____ Date: _____

SECTION 3 — LIVE-IN AIDE BACKGROUND CHECK RELEASE FORM

LIVE-IN AIDE BACKGROUND CHECK RELEASE FORM

Proposed Aide Name: _____

Date of Birth: _____

SSN: _____

Phone: _____

Address: _____

I authorize the Brick Housing Authority to conduct a criminal background check, identity verification, and any other screening necessary to determine my eligibility to serve as a live-in aide.

I release the Authority and all information providers from liability related to this investigation.

Aide Signature: _____ **Date:** _____

Tenant Name: _____

SECTION 4 — TENANT INSTRUCTION SHEET

TENANT INSTRUCTION SHEET: REQUESTING A LIVE-IN AIDE

Steps:

1. Complete the Live-In Aide Request Form.
2. Provide medical documentation stating a live-in aide is medically necessary.
3. Participate in additional evaluations if requested.
4. Submit the name of your proposed aide.
5. Ensure the aide completes the Background Check Release Form.
6. Wait for written approval before the aide moves in.
7. Participate in periodic reviews.

Important Reminders:

- A live-in aide is **not** a household member.
 - Their income is **not** counted.
 - They must follow all lease rules.
 - Approval is **not guaranteed**.
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SECTION 5 — STAFF PROCESSING CHECKLIST

STAFF CHECKLIST — LIVE-IN AIDE REQUEST

Tenant Eligibility

- Request form received
- Medical documentation received
- Release for medical records signed
- Additional evaluation required? Yes No
- Evaluation completed (if applicable)

Aide Eligibility

- Aide name submitted
- Background Check Release Form received
- Criminal background check completed
- Aide qualifications reviewed
- Availability verified
- Unit size reviewed / transfer needed? Yes No

Final Steps

- Approval decision made
 - Written notice sent to tenant
 - Aide added to authorized occupant list
 - Review date scheduled
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