CAMBRIDGE HOUSING AUTHORITY

675 Massachusetts Avenue
Cambridge, MA 02139
www.cambridge-housing.org
617-864-3020
TDD 800 545 1833 x112

REQUEST FOR VERIFICATION REGARDING NEED FOR LIVE-IN AIDE

INSERT DATE»

«INSERT NAME OF PROVIDER»
«INSERT ADDRESS»
«INSERT CITY, STATE ZIP»

Dear Health Care Provider, Social Service Provider, or Other Qualified Person:

Cambridge Housing Authority (CHA) is a provider or affordable housing benefits to low-income families within the City of Cambridge. Since there is a shortage of funding available to meet the high demand for CHA's housing and services, CHA must be careful in managing its limited financial resources. Approving reasonable accommodations, such as for a live-in aide, often comes with an associated cost, which can be significant and can adversely impact CHA's ability to provide affordable housing benefits to other needy families.

When a live-in aide is granted, CHA generally is obligated to provide the aide his/her own bedroom, which is an additional significant subsidy often requiring a family transfer to a bigger unit at CHA's expense. CHA has interpreted federal law governing live-in aides to permit live-in aides only when the tenant's medical needs necessitate an aide providing ***nearly around-the-clock care by a single person*** for the disabled person. Given the need for CHA to be careful in managing its limited financial resources, where *rotating care givers* may provide the essential necessary care during the day or night, CHA generally will not approve a live-in aide.

«INSERT APPLICANT/RESIDENT/EMPLOYEE NAME» (Requestor) is an applicant, resident, or participant of CHA. He/she has informed CHA that he/she is disabled and, as an accommodation to his or her disability, has asked CHA to approve a live-in aide to reside in his/her apartment. Before CHA can respond, we need to fully understand the request and verify information.

In light of this definition, please answer **EACH OF THE SIX (6)** questions on the following pages. Please use additional pages if necessary. When you are done, please return the complete form to the individual at the address below:

Cambridge Housing Authority
Attention: «INSERT NAME»
675 Massachusetts Avenue
Cambridge, MA 02139

To expedite the process, you may also fax the completed form to me at **(617) 520-6306**. If you have any questions, you may call me at: **«INSERT NUMBER».**

If I have additional questions, I may call you as well.

Thank you for your assistance.

_____
CHA Staff Signature

_____ _____
CHA Staff Name Title

Name of Individual for whom accommodation is being requested:_____

1. **Without identifying the disabled person's specific disability, condition, treatment, medications, etc., please describe the type(s) of *skilled* essential care that will be necessary to provide essential services/care to the disabled person.**

Please Explain: _____

_____

_____

_____

_____

_____

2. **Without identifying the disabled person's specific disability, condition, treatment, medications, etc., please describe the type(s) of *unskilled* essential care that will be necessary to provide essential services/care to the disabled person.**

3.

Please Explain: _____

_____

_____

_____

_____

_____

3. **How many hours during a continuous 24-hour period will the disabled person be in need of the essential services/care described above? _____ hours.**

Please Explain: _____

_____

_____

_____

4. **Will the disabled person need continuous care during a 24-hour period, or will s(he) require intermittent care? ☐ Continuous care ☐ Intermittent care**

Please Explain: _____

_____

_____

_____

5. Does the disabled person require that one single person provide the essential care? Or, can the person's needs be met by rotating caregivers coming into the unit to perform the necessary service(s) during various daytime and/or nighttime hours?

☐ **One single person has to provide all care** ☐ **Rotating caregivers would suffice**

Please Explain:

_____

_____

_____

_____

_____

6. Would you be willing to testify in court, if necessary, as to the representations that you have made on this Form? ☐ **Yes** ☐ **No**

If no, please Explain:

_____

_____

_____

_____

_____

AFFIRMATION AND SIGNATURE

I SOLEMNLY AFFIRM under the penalties of perjury that the information that I provided on this Form is true and correct to the best of my knowledge, information, and belief.

_____ _____
Signature Print Name

_____ _____
Title Organization

_____ _____ _____ _____
Address City State Zip Code Telephone