



CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

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REASONABLE ACCOMMODATION - LIVE-IN AIDE REQUEST

This form is to be completed by the Head of Household, or Power of Attorney (copy of POA needs to be attached).

Head of Household: _____

Address: _____

City: _____ Phone Number: _____

DEFINITION OF A DISABILITY AND LIVE-IN AIDE:

Definition of Disability: Section 504 of the Rehabilitation Act of 1973 and Fair Housing Amendment define a "disability" as:

- A physical or mental impairment that substantially limits one or more of the person's major life activities*
- A record of having such an impairment, or
- Being regarded as having such impairment.

* *Physical and mental impairments include physiological disorders or conditions, and mental or psychological disorders.*

Definition of Live-In Aide:

- Is determined to be essential to the care and well-being of the person(s)
- Would not be living in the unit except to provide the necessary supportive services
- Is not obligated for the support of the person(s).

Note: *These medical conditions must require live-in care versus daily supportive services.*

LIVE-IN AIDE REQUEST:

Initial Request

Renewal Request

Household member requesting a live-in aide: _____

The household member is a person with a disability or near elderly (check all that apply)

The person receives SSI

The person is elderly or near elderly

A health care professional will certify on a verification form that a live-in aid person is necessary

Name of live-in aide requested: _____

1. I certify that the person I have selected as my live-in aide is essential to my care and well-being, is not obligated for my support, and would not be living in the unit except to provide the necessary supportive services.

2. The live-in aide is not providing any financial compensation to me for being allowed to live in my assisted unit.
3. The live-in aide: is not related to me is related to me (relationship) _____
4. If the live-in aide is a relative, I certify that all the following are true:
 - The relative can provide the required service for me.
 - The relative has never been a member of my household while I was receiving housing assistance.
 - The relative has never made regular contributions to my household while I was receiving housing assistance.
 - There is no other reason for the relative to live in the unit other than to provide care for me.
 - The relative will maintain his/her finances separately and live independently from my householding, providing are primarily as a business transaction.
5. The live-in aide has been not been convicted of a violent criminal, drug-related criminal, nor criminal activity has not been evicted from a federally assisted for drug-related criminal activity in the past five (5) years.
6. The live-in aide is not a lifetime registered sex offender, in any State in the United States
7. The live-in aide requested cannot move into the assisted unit until Caribou Housing Agency approves him/her.
8. A daily in-home worker is not equally effective as a reasonable alternative accommodation because:

CERTIFICATION:

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

X. _____
 Signature of Head of Household or authorized Guardian/POA Date

X. _____
 Signature of Household Member needing the accommodation Date
(Only if 18 years of age or older)

****If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.****