



415 W. Main Street
Smethport, PA 16749
(814) 887-5563
Relay #: 711

~INSTRUCTIONS~ Request For Live-in Aide

*****IMPORTANT*****

*This Request for Reasonable Accommodation/Modification
MUST be made by the HEAD OF HOUSEHOLD, for
him/herself or on behalf of another member of the family.*

*This form is available on MCHA's website at
www.mckeancountyhousing.com and can be viewed on your computer
in an accessible format.*

*If you need assistance in reading or understanding
these instructions, or require an interpreter, please
contact your site manager/leasing officer
for assistance.*

*Si necesita ayuda para leer o entender estas
instrucciones, o necesita un intérprete, por favor
contacte a su administrador del sitio / agente de
arrendamiento para asistencia.
(Spanish Language)*





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*****CONSIDER THIS FIRST*****

Is the Person Filling Out This Form the Head of Household?

This Request for Reasonable Accommodation/Modification MUST be made by the HEAD OF HOUSEHOLD, for him/herself or on behalf of another member of the family. It also can be made by the Head of Household's representative on behalf of the Head of Household, such as his/her advocate, social worker, family member or friend, etc.

You Will Need To Return to MCHA The Following Documents Completely Filled Out Before MCHA Can Approve Your Request:

✓ The "Proper" Request Form

MCHA utilizes different request forms depending upon the accommodation that you need. Make sure that you are using the correct form. DO NOT use this form if you are seeking a **Assistance Animal, Accessible Parking, Stay of Eviction** (to avoid an eviction), or **General reasonable accommodation or modification request** for everything else.

(YOU ARE NOW USING THE REQUEST FOR LIVE-IN AIDE FORM)

✓ Consent For Third Party Interaction Form

✓ Live-in Aide Agreement

✓ Live-in Aide Lease Addendum





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Do You Have Any Questions About this Form or the Process?

Your site manager or leasing officer is ready to assist you. Contact them with any questions.

Who Is Entitled To A Live-in Aide?

An individual with a disability who requires the assistance of a Live-in Aide in order for the individual to be able to fully enjoy MCHA's housing, housing services or programs is entitled to a Live-in Aide as a reasonable accommodation.

To be considered "disabled" under the federal rules that MCHA must use are entitled to reasonable accommodations and modifications. In order to be considered "disabled," an individual must meet three (3) qualifications:

1. S(h)e must ***meet the definition of being "disabled"*** under relevant federal law. A person is considered "disabled" for purposes of accommodations if s(h)e:
 - Currently has a mental, emotional, developmental, or physical impairment that substantially limits one or more major life activities
 - or-
 - Has a record of having a disability in the past,
 - or-
 - Has been regarded by MCHA as having a disability.

2. The individual must ***be in good standing with MCHA:***





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3. The individual **cannot be in one of the categories of persons considered not qualified** by virtue of certain past or present unlawful conduct. These categories are:

- Juvenile offenders – these are minors who have been adjudicated as juvenile delinquents in the juvenile justice system
- Sex offenders
- Individuals convicted of the illegal manufacture or distribution of a substance designed by the federal government as a “controlled substance” (*i.e.*, an illegal drug)
- Individuals with a current, illegal use of or addiction to a controlled dangerous substance
- Individuals whose illegal use of drugs or use of alcohol interferes with the health, safety, or peaceful enjoyment of the premises of others
- Individuals posing a “direct threat” to the health and safety of others, where the direct threat cannot be eliminated by a reasonable accommodation
- Individuals causing substantial monetary damage to property of another

This Request for Live-in Aide has three (3) sections. Following are instructions for each section:

SECTION 1 OF 3: Requestor Information

In this section, the HEAD OF HOUSEHOLD fills out his/her contact information. Be sure you fill it out carefully in case we need to communicate with your regarding aspects of your request.

If you are unaware of your current status with MCHA, please contact your site manager or leasing officer.

You also must indicate the *FULL NAME* and age of the member of your family with the disability who needs the Assistance Animal.





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SECTION 2 OF 3: Live-in Aide Information

In this section, you provide information about your Live-in Aide.

You also will describe **why** the Live-in Aide is necessary in order for the family member with the disability to fully enjoy MCHA's housing, housing program or services.

SECTION 3: 3rd Party Verification of Need For Live-in Aide

In this section you will provide contact information for a third party knowledgeable professional that has worked with the family member with disabilities, and can verify how the family member's disability affects their housing needs. This professional also will verify that the Live-in Aide is medically necessary with respect to disabled person's participation in MCHA's housing program.

You will provide MCHA their contact information so that we can send them the verification form and follow-up with them, as necessary. We also need for you to fill out our written consent form before we contact them. The information MCHA obtains will be kept completely confidential and used solely to determine whether or not to approve your request.

MCHA utilizes different 3rd party verification forms depending upon the accommodation that you need. Make sure that you are using the correct form. There are different verification forms for **Assistance Animals, Accessible Parking, Stays of Eviction** (to avoid an eviction), and **General** verifications for general requests and everything else.

Some examples of licensed, third party professionals that can provide this verification are medical doctors, registered nurses, licensed social workers, psychologists and psychiatrists.

MCHA will need you to provide written consent for MCHA to send your 3rd party verifier the verification form and otherwise interact with her/him to verify your request. You should use MCHA's *Consent For Interactions With Third Parties Form* (MCHA-RA14).





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MCHA Will Engage In the Interactive Process With You

Upon receipt of a complete Request for Live-in Aide, MCHA will work with you and your 3rd party verifier to process your request. If your request is approved, you will need to sign a Live-in Aide Agreement and an appropriate addendum to your Lease.

~END OF INSTRUCTIONS~





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Request For Live-in Aide

*****IMPORTANT*****

This Request for Live-in Aide MUST be made by the HEAD OF HOUSEHOLD, for him/herself or on behalf of another member of the family.

~Please Read The Attached Instructions For This Form~

If you need assistance in filling out this form, or require an interpreter, please contact your site manager/leasing officer for assistance.

***Si necesita ayuda para llenar este formulario, o necesita un intérprete, por favor, póngase en contacto con su sitio oficial encargado / oficial leasing para obtener ayuda.
(Spanish Language)***





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This Form has four (4) sections to fill out by the Head of Household:

SECTION 1 OF 4: Requestor Information

HEAD OF HOUSEHOLD'S NAME: _____
CLIENT #: _____
ADDRESS: _____
TELEPHONE #: _____
CELL #: _____
EMAIL ADDRESS: _____

SITE MANAGER/LEASING OFFICER'S NAME: _____

MY STATUS IS:

- Applying to MCHA's Public Housing program
- Applying to MCHA's Section 8 program
- Applying to Another MCHA program
- Currently on the _____ Waiting List
- Currently MCHA Public Housing Resident
- Current MCHA Voucher Holder, Looking For A Unit
- Current MCHA Section 8 Participant Living In A Section 8 Unit
- Not Sure Of My Status
- Other: _____

MY FAMILY MEMBER WITH A DISABILITY WHO NEEDS THE ASSISTANCE OF THE LIVE-IN AIDE IS: _____

[List full name]

[Date of Birth]

[Age]





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SECTION 2 OF 4: Live-In Aide Information

The person who already has given his/her consent to be the family's Live-in Aide is:

LIVE-IN AIDE'S NAME: _____

MALE OR FEMALE:

Female

Male

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY # _____

AGE: _____

DRIVER'S LICENSE OR OTHER GOVERNMENT ID INFORMATION: (MCHA will make a copy of your official ID)

State Issued: _____

License/ID Number: _____

LIST ALL ADDRESSES FOR THE PAST TWO YEARS:

ADDRESS #1: _____

ADDRESS #2: _____

ADDRESS #3: _____

ADDRESS #4: _____

ADDRESS #5: _____

TELEPHONE #: _____

CELL #: _____

EMAIL ADDRESS: _____

IMPORTANT: THE PROPOSED LIVE-IN MUST TURN IN A SIGNED CONSENT FOR BACKGROUND AND CREDIT CHECKS form. YOUR REQUEST CANNOT BE APPROVED WITHOUT IT.



SECTION 3 OF 4: Reason For Need for Live-in Aide

A. **Adding up the total number of hours that the family member with the disability need the assistance of a Live-in Aide within a 24-hour period, what is the total number of hours of care that is needed in that 24-hour period?**

- 0-5 hours
- 6-10 hours
- 11-15 hours
- 16-20 hours
- 21-24 hours

B. **Please describe whether the required care *can* be provided by: (Please check all that apply)**

- More than one care-giver who performs the care in specific intervals over the course of the 24-hour period (*e.g.*, in the morning, again in the afternoon, and then in the evening, or only while the family member is sleeping)
- More than one care-giver who relieve each other but work constantly over the course of the 24-hour period (*e.g.*, they are constantly on duty for the entire day/night)
- Only one care-giver who performs the care in specific intervals over the course of the 24-hour period (*e.g.*, in the morning, again in the afternoon, and then in the evening, or only while the family member is sleeping)
- Only one care-giver who performs the care in specific intervals over the course of the 24-hour period (*e.g.*, in the morning, again in the afternoon, and then in the evening, or only while the family member is sleeping)
- Only one care-giver who works constantly over the course of the 24-hour period (*e.g.*, they are constantly on duty for the entire day/night)



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C. Please describe completely *WHY* the family member with a disability *NEEDS* a Live-in Aide in order to fully enjoy their residence or MCHA's housing program or services:

D. Please describe completely *WHY* the family member with the disability cannot receive his/her care from one or more persons who DO NOT LIVE IN the residence:





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SECTION 4 OF 4: 3rd Party Verification of Need For Live-in Aide

A. Please provide us contact information for the person that can verify your disability and your need for the Live-in Aide:

The information obtained by MCHA will be kept completely confidential, to the extent permitted by law, and will be used solely to make a determination regarding your request.

Verifier's Name: _____

Organization Name: _____

Verifier's Title: _____

Telephone Number: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

IMPORTANT: PLEASE ALSO PROVIDE US A SIGNED CONSENT FORM GIVING US PERMISSION TO CONTACT YOUR 3RD PARTY VERIFIER.

Use MCHA's *Consent For Third-Party Interactions Form (MCHA-RA_)*.

We cannot process your request without it.

What are the Next Steps? After MCHA receives this request and it is complete, MCHA will send a 3rd party verification form to the verifier that you identified on this request. After MCHA receives a complete verification form from your 3rd party verifier, MCHA will make a decision on your request and notify you of MCHA's decision. MCHA's 504 Coordinator will keep you apprised of the status of your request.





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SIGNATURES

WARNING: FRAUDULENT AND FALSE STATEMENTS

THERE ARE FINES AND IMPRISONMENT (\$250,000/5 YEARS) FOR ANYONE WHO MAKES FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR ENTRIES IN ANY MATTER WITHIN THE JURISDICTION OF THE FEDERAL GOVERNMENT.

ANY PERSON WHO KNOWINGLY AND MATERIALLY VIOLATES ANY REQUIRED DISCLOSURE OF INFORMATION, INCLUDING INTENTIONAL NONDISCLOSURE, IS SUBJECT TO A CIVIL MONEY PENALTY NOT TO EXCEED \$10,000 FOR EACH VIOLATION.

TITLE 18, SECTION 1001 OF THE PA. CODE

I certify under the penalty of perjury that the information in this Request is true and correct.

HEAD OF HOUSEHOLD:

[Signature]

Date

[Printed Full Name]

FAMILY MEMBER WITH THE NEED FOR THE LIVE-IN AIDE:

[Signature]

Date

[Printed Full Name]

PROPOSED LIVE-IN AIDE:

[Signature]

Date

[Printed Full Name]

