

***Certification of Need for a Live-In Aide (Disability, Elderly, Near Elderly Persons)***

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\_\_\_\_\_  
(Date)

**RE:** \_\_\_\_\_'s request for a **LIVE-IN AIDE**.  
(Name of Applicant or Resident)

Please return to \_\_\_\_\_ in the self-addressed stamped envelope provided  
or by fax to \_\_\_\_\_.

**A Live-in Aide:**

- 1. Is determined by the CHA to be essential to the care and well-being of the person;**
- 2. Is not obligated for the support of the person(s); and**
- 3. Would not otherwise be living in the unit except to provide the necessary supportive services.**

\_\_\_\_\_ has identified you as a professional who is qualified to certify the  
(Name of Applicant or Resident)

**need for an accommodation based upon disability or age.**

**If your client's request is granted, the CHA may allow the family an extra bedroom and not count the live-in aide's income in calculating rent. This affects the total number of families the CHA can assist. Many other people on the waiting list are also deserving of housing assistance, so we ask that you give careful, reasoned thought to this matter. The CHA reserves the right to conduct annual re-certifications to verify the continued medical necessity for a Live-in Aide.**

I \_\_\_\_\_, certify that \_\_\_\_\_  
(Your Name) (Name of Applicant/Resident)

**requires a live-in aide for his/her care and well being.**



**You must indicate the following:**

- **What services and care will the live-in aide be required to perform?**

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- **How many hours of the day (night) are the services required?**

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- **What level of frequency are the services required?**

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**Please be aware of the following while completing this request:**

- **Do not send the CHA medical records of the individual requesting your certification.**
- **Do not include any details which disclose the nature or severity of the individual's disability. This information is not necessary to verify the needed requested adjustment.**

**FRAUD AND FALSE STATEMENTS**

**Title 18, Section 1001 of the U.S. Code states that a person whom knowingly and willingly makes false and fraudulent statements to any department of the United States Government, the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.**

**\*Please be advised that your certification may be presented as evidence at a formal grievance or legal action. The CHA may report this certification to the Illinois Department of Professional Regulation or its equivalent regulatory board in another state, your professional association, and/or the appropriate Ethics Board regulating your profession if this certification is found to be false.\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Specialty of Knowledgeable Professional**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Best time of day to contact you**

