

SHELTER PLUS CARE

135 SW Ash Street Portland, OR 97204-3541

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## Request to Add Live-in Aide

## Program Information:

An elderly, near-elderly, or disabled household member may request to add a live-in aide to their household if the following criteria are met: 1) The live-in aide is essential to the care and wellbeing of the person(s), 2) The live-in aide is not obligated for the support of the person(s) needing the care, and 3) The live-in aide would not be living in the unit except to provide the necessary supportive services.

## **Instructions:**

- Complete below to request to add a live-in aide to the household.
- Attached documents must also be completed by the applicant/participant and live-in aide.
- After request is received, Home Forward will determine the live-in aide's eligibility and confirm

landlord's approval to add the live-in aide to the household. Home Forward and the landlord must							
approve the live-in aide before move in.							
1. Head of Household							
Name (please print):				SSN (last 4 digits):			
Address:					Current Phone:		
Name of Household Member Requiring a Live-in Aide:							
2. Live-in Aide							
Full Name of Live-in Aide (please print):							
Has the live-in aide ever used another name? $\square$ No $\square$ Yes If yes, list name(s)?							
Birth Date: Full SSN: Sex:			Male	Is the live-in aide a person with a			
			□ F	Female	disabili	ty: □ Yes □ No	
Race:   White Black/African American Asian Ethnicity:							
☐ American Indian/Alaska Native ☐ Hispanic/Latin					nic/Latino	)	
					panic/Non-Latino		
3. Are the following documents attached and signed?							
Home Forward Authorization for Release of Information – signed/dated by live-in aide							
HUD Authorization for Release of Information/Privacy Act Notice – signed/dated by live-in aide							
Applicant/Participant and Live-in Aide Certification – signed/dated by applicant/participant & live-in aide Yes No							
**							
Verification of Social Security Number for Live-in Aide							
Provide copy of Social Security card, a copy of Social Security Administration (SSA) letter which contains the full name and full SSN, or copy of document							
issued by a federal, state, or local government agency which contains the name and full SSN of the live-in aide.							
If you answered "No" to any of the questions above, the request cannot be completed.  Please respond to any requests for additional information by the deadline requested.							
1. Return this completed form and the documents listed above to Home Forward.							
2. Home Forward will provide written notification of its decision within 15 business days of receiving a request,							
including all required documentation related to the request.							
3. Remember, you must wait for approval before the live-in aide can move in.							
Head of Household Signature:						Date:	
Home Forward Use Only							
RA Specialist Name:						Tcode:	