



LIVE-IN AIDE POLICY

In accord with Federal Regulation 24 C.F.R. 965.4(d)(3)(1), the Housing Authority of the Township of Brick (hereinafter referred to as the "Authority") hereby adopts the following policy regarding the regulation of the residence of live-in aides in public housing and Section 8 assisted housing under the Authority's jurisdiction. This policy is designed to enable the Authority to determine the proper accommodation of the mental or physical handicaps of public housing tenants and Section 8 Program participants in a manner consistent with the rights of other tenants and program participants and the purposes of the Authority's housing programs.

1. **General Legal Qualifications.** In order to be eligible for a live-in aide, the aide may reside with a disabled or handicapped person if the aide:
 - a. is determined to be essential to the care and well-being of the tenant program participant or the tenant's/participants' household;
 - b. is not obligated for the support of the tenant/participant;
 - c. would not be living in the household; except to provide the necessary supportive services;
 - d. is not to be a member of the assisted family but living in the unit solely to provide essential care services. Income of a bona fide live-in aide will not be counted as income of a family member; and
 - e. is not in residence in the unit to provide such significant supportive services so that the tenant/participant cannot participate in the Authority's housing programs presently constituted or would require the Authority to significantly or substantially change the basic nature of its housing programs.

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2. **Request Procedure.** In order to gain approval for a live-in aide, a public housing tenant/voucher program participant, must comply with the following procedures.
 - a. Tenant/participant shall submit the request in writing on a fully completed live-in aide request form.
 - b. The said request form shall supply all information requested including the reasons for the request, how a live-in aide would help the tenant/participant comply with the terms of the lease and how the presence of a live-in aide accommodates the tenant's/participants' particular needs.
 - c. Tenant/participant shall provide medical documentation of the tenant's/participants' physical or mental disability necessitating the live-in aide. Tenant/participant shall grant the Authority access to the tenant's/participants' medical records and history.
 - d. Tenant/participant shall submit to any mental or physical evaluations by Authority's physicians or other experts in order to determine the nature and significance of Tenant's/participants' mental and physical impairment, if the Authority, in its sole discretion, is not satisfied with the medical documentation received by tenant/participant.

3. **Evaluation Criteria.** If the Authority agrees that the tenant/participant qualifies for a live-in aide in accord with paragraphs 1 and 2 of this policy, tenant/participant shall submit the name of the specific live-in aide to the Authority for approval of the specific aide chosen. The Authority will consider the following in making its determination of the suitability of the live-in aide:
 - a. Standard tenant/program participant selection criteria pertaining to ability to abide by the terms of a lease, including criminal history.

- b. Qualifications of the proposed individual to act as a live-in aide for the particular tenant/program participant. This shall include but not be limited to:
 1. Experience in rendering the type of aid necessary for the particular tenant/program participant as required by the medical information as evaluated by the Authority.
 2. The training or education of the prospective aide which would help or prepare the proposed live-in aide to provide the necessary care.
 - c. Whether the availability of the proposed aide is sufficient to meet the needs of the tenant.
 - d. The suitability of the tenant's/program participants' unit, considering the addition of the aide to the household and under the public housing program, whether a properly sized unit is available where a transfer is possible.
4. **Continuing Evaluation.** The status of the residency of the aide is subject to periodic review by the Authority. The aide may be removed by the Authority if he or she fails to abide by the terms of the lease and program obligations, becomes medically unnecessary or fails to meet any criterion of this policy. The tenant's/program participants medical condition is also subject to periodic review to determine that tenant/participant continues to be qualified for the aide program. Tenant/participant, upon request by the Authority, must submit Tenant's/participants' current medical records and must cooperate with medical tests or evaluations performed by Authority's medical experts upon request.

Adopted on: 1/28/02

BRICK HOUSING AUTHORITY

Request for Approval of Live-In-Aide

The undersigned public housing resident or Section 8 Voucher Program participant of the Brick Housing Authority hereby attests as follows:

1. I am disabled and/or handicapped person.
2. As a result of my disability/handicap, I require the care of a resident live-in-aide for _____ (insert time period).
3. Such live-in-aide would not be obligated for my financial support.
4. Such live-in-aide would not be living in my household, except to provide the necessary supportive services.
5. Such live-in-aide would not be a member of my family, but would live in my dwelling unit solely to provide essential care services.

I hereby furnish the Brick Housing Authority with the enclosed medical documentation evidencing my physical or mental disability/handicap necessitating the residency of a live-in-aide within my dwelling unit for the above stated time period attesting to the fact that such residency is essential to my care and well-being; and a live-in-aide would accommodate my particular needs.

I hereby grant the Brick Housing Authority access to my medical records and history.

I hereby agree to submit to any mental or physical evaluations by the Housing Authority's physicians or other experts in order to determine the nature and significance of my mental and physical impairment, if the Authority, in its sole discretion is not satisfied with the enclosed medical documentation.

I understand that if the Authority agrees that I qualify for a live-in-aide, I must submit the name of the specific live-in-aide to the Authority for approval. I further understand that the Authority will consider the following in making its determination of the suitability of the live-in-aides:

1. Standard public housing or Section 8 Voucher Program selection criteria pertaining to ability to abide by applicable program obligations and the terms of a lease, including criminal history.
2. Qualifications of the proposed individual to act as a live-in-aide for you. This shall include but not be limited to:
 - a. Experience in rendering the type of aide necessary for your care as required by the medical information furnished hereunder.
 - b. The training or education of the prospective aide which would help or prepare the proposed live-in-aide to provide the necessary care.
3. Whether the availability of the proposed aide is sufficient to meet your health care needs.
4. The suitability of your dwelling unit, considering the addition of the aide to the household and whether a properly sized unit is available where a transfer is possible.

I understand that the status of the residency of the aide if approved, shall be subject to periodic review by the Authority; and the aide may be removed by the Authority if he or she fails to meet applicable program obligations and to abide by the terms of the lease, or the aide becomes medically unnecessary or fails to meet any criterion of the Authority's Live-In-Aide policy. In addition, I understand that my medical condition is also subject to periodic review to determine if I continue to qualify for the aide program.

Date: _____

(Tenant's Signature)

(Tenant's Address)