

LIVE-IN CARE ATTENDANT VERIFICATION

Name of Applicant/Tenant _____

Date _____

The individual named directly above is an applicant/tenant of a housing program and has requested a live-in care attendant. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

TO BE COMPLETED BY MEDICAL PROVIDER OR CASE MANAGER:

Is a live-in care attendant required for the care and well-being of the above named individual? **Note: we are not requesting details of the medical history or disability of the applicant/tenant.**

Please circle one: YES NO

Additional comments: _____

Name of Person Verifying Information

Title of Person Verifying Information

Signature of Person Verifying Information

Date form completed

Telephone #: _____

Address: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

