

Notice of Intent: Live-in Care Giver or Aide

On _____ Pierce County Housing Authority approved a reasonable accommodation request related to a live in care giver/aide. I understand that:

Live in Care Givers (or Aides) are individuals who reside with an individual with disabilities and are:

- (a) Essential to the care and wellbeing of the person
- (b) Not obligated to support the person with the disabilities; and
- (c) Would not be living in the unit except to provide the necessary supportive services
- (d) Required to immediately vacate the unit when/if the person with the related disability moves from the unit, or changes live in care providers.**

Live in care givers are required to complete a limited background check, to include criminal background only. No charges or fees associated with this screening will be billed to the resident or caregiver.

Please provide the full legal name of the requested live in care giver below:

Care Giver: _____
Last First Middle

Care Giver Date of Birth: _____

Live In Care Givers Last Address: _____

You must provide one or more of the following forms of ID:

- Valid State Issued Picture ID or Driver's License
- Valid Passport
- US Military ID

AND

- The care giver's Social Security or similar identification provided by US Immigration Services.

I _____, do swear and attest that I have provided the above referenced identification for the purposes of completing criminal background screening while providing live in care giver services. Further I understand and acknowledge that if for any reason _____ (disabled individual for whom the reasonable accommodate was granted) vacates the unit or terminated the live-in-caregiver relationship, that I will immediately vacate the unit.

Signature of Head or Co-head of Household

Date

Signature of Live in Care Giver

Date