

# EXHIBIT L – Live-In Aide Policies and Forms

DRAFT FOR COMMENTS

## **Live-In Aide Policies and Forms**

### **Policy Statement**

It is unlawful to refuse to make Reasonable Accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford a person with disabilities equal opportunity to use and enjoy a dwelling unit, including public and common use areas. All CCH Communities must apply the Live-In Aide Policy in cases where a Reasonable Accommodation has been requested to allow a person with disabilities to have an aide live in their apartment to provide essential care. This Aide must not be obligated for the individual's support, and would not be living in the unit except to provide the support services.

### **Policy Objective**

Federal, state, and local civil rights laws all require the landlord's reasonable accommodation applicants and residents with disabilities; these laws apply to persons with both physical and mental disabilities. When a resident or applicant requests a Reasonable Accommodation to have a Live-In Aide, management must follow established procedures to ensure that the Live-In Aide meets applicable resident selection criteria and is aware of all rules and obligations that accompany residing on the premises. The Live-In Aide Policy attempt to place responsibility for the aide's selection, delivery of services, and conduct with the resident while not limiting or impairing the rights of the person with disabilities or violating Section 504 of the Rehabilitation Act or the Fair Housing Act.

### **Purpose of a Live-In Aide**

A Live-In Aide is permitted by the Landlord to occupy the Resident's apartment as a reasonable accommodation to the Resident's disability only as long as the Resident requires the services of a Live-In Aide to be able to successfully live in these premises, perform daily living

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activities, and meet the lease terms. At any time should the Resident no longer need the services of the Live-In Aide, the Resident shall ensure that the aide immediately move from the Resident's apartment. The need for a Live-In Aide must be third party verified with a reliable health care provider.

### **Prior Approval Required**

To be permitted to occupy the apartment, the Live-In Aide must consent to certain background checks (landlord references, sex offender, criminal background, and eviction) and successfully meet the relevant criteria as set forth in the Resident Selection Criteria. The proposed aide must attend an interview with management and fill out an application and questionnaire. The following documents must be completed and filed with management prior to aide move-in: Live-In Aide Request Form, Live-In Aide Agreement, and the Live-In Aide Addendum to the Resident's Lease Agreement. *Persons already living with the resident (i.e. spouse, etc.) cannot be classified as Live-In Aides since they do not meet the third part of the Live-In Aide definition.*

### **Live-In Aide Rights of Occupancy**

The Live-In Aide qualifies for occupancy only as long as the Resident needs supportive services and remains a Resident. The Live-In Aide has no rights to occupancy, even if the Live-In Aide is a family member of the Resident, and may not qualify for continued occupancy as a remaining family member.

### **Apartment Size**

The presence of a Live-In Aide is considered in determining the appropriate apartment size for a household. The addition of a Live-In Aide in a household is considered a "Change in Family Composition" for purposes of the Transfer Policy.

### **Legal and Financial Responsibility of Residents**

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As the Resident and the employer of the Live-In Aide who will occupy the Resident's apartment, the Resident has the following legal and financial duties:

- Resident agrees to indemnify, defend, and hold Landlord harmless from and against any and all claims, actions, suits, judgments, and demands brought by any other party on account of or in connection with any activity or damage caused by the Live-In Aide.
- Resident ensures that the Live-In Aide abides by all lease terms and with Landlord's House Rules and other regulations. If Resident learns of violations by the Live-In Aide, the Resident will immediately terminate services of the Live-In Aide and remove the Live-In Aide from the premises.
- Resident understand that the Live-In aide is considered an employee of the Resident and as such, the Resident is responsible for the actions of the Live-In Aide while on the premises. The Live-In Aide's violations of the lease terms and Landlord's House Rules and other regulations could result in the termination of the Resident's Lease.

**Resident's Absence from Unit**

Because the Live-In Aide occupies the apartment only to provide services to the Resident, if the Resident is absent from the apartment for more than two weeks (14 days and/or nights), the Live-In Aide will vacate the Resident's apartment and shall not occupy the apartment until the Resident returns.

**Recertification of Need for Live-In Aide**

The Landlord has the right to annually recertify the Resident's need for the continued occupancy by the Live-In Aide. Upon request, the Resident agrees to provide Landlord with any information necessary to confirm their continued need of the services of the Live-In Aide.

**Temporary Aides**

In some instances, a resident may require a Live-In Aide more quickly than an aide can be approved through the screening process. Examples of this would be a rapid change in health status or release from the hospital. To accommodate emergency needs, management can consider this person a “guest” until the appropriate procedure can be followed.

## Procedures

### Responding to Requests

If a resident or applicant inquires about having a Live-In Aide, provide them with a Live-In Aide Policy, Live-In Aide Request Form, and “Need a Social Service Coordinator?” form. If they require an accommodation in terms of reading any of these documents, please offer assistance. Answer questions about the policy but be careful never to ask them to reveal their disability.

### Verifying the Need

If an applicant or resident decides they would like to have a Live-In Aide, fill out the CCH “Verification for Live-In Aide” form and directly mail it to a healthcare provider deemed a reliable source. The healthcare provider may be a physician, care worker, or representative of the Center for Independent Living, for example. Do not accept a note from the provider. Instead explain that you are required to use the CCH form and that it must be done “third party”. Need for the Live-in Aide should be verified annually.

### Qualifying a Live-In Aide

**If a negative verification** is received, the resident should receive a “Response to Live-In Aide Request” letter and be referred to a Service Coordinator for assistance in hiring a chore worker.

**If a positive verification** is received:

- The Social Service Coordinator should offer assistance in procuring an aide and provide a copy of “How to Hire Helpers”.

- The Administrator sets up an interview with the resident and proposed live-in aide. The aide should be given the questionnaire to fill out in advance of the interview and should be advised to bring photo identification. During the interview, the Administrator:
  - Gives an overview of the policy, procedure, and requirements to reside on the premises
  - Reviews the answers provided on the Live-In Aide Questionnaire
  - Photocopies proof of identification; and
  - Secures signatures from the aide on the release portion of the CCH Landlord Reference Form (cross out questions related to paying rent) and the Applicant/Resident Consent Form (for background screening).
- The Administrator performs landlord reference, criminal background, sex offender, and eviction checks. The cost of this screening is a community expense – no expense to the resident or live-in aide.

### **Rejecting a Live-In Aide**

The resident's choice of a Live-In Aide may be rejected by management if:

- The responses to the Questionnaire are not acceptable
- The Landlord References do not meet our criteria for residency;
- The proposed aide cannot provide proof of identity;
- The criminal sex offender background or eviction check does not meet our criteria for residency.

The Administrator must notify the resident of the rejection using the "Response to Live-In Aide Request" letter.

### **Accepting a Live-In Aide**

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If the live-in aide meets the criteria listed above, the Administrator provides written approval by using the “Response to Live-In Aide Request” letter.

Another meeting is set up to:

- Accept the signed and notarized Live-In Aide Agreement (NOTE: Notarization is a site expense);
- Have the resident sign the Lease Addendum for Live-In Aide;
- Provide copies of these documents to the Resident and Live-In Aide. Also, provide the live-in aide with a copy of the lease, house rules, resident handbook and any pertinent policies;
- Discuss parking rules and logistics and gather vehicle information from aide (if applicable);
- Provide keys to Live-In Aide and obtain a signed receipt; and
- Discuss the need for a larger apartment (if any exist) and provide Request for Transfer form (if applicable).

The “For Management Use Only” portion of the Live-In Aide Request form is completed and all live-in aide documents are filed in the resident file according to the CCH “Resident File Set-up”. (NOTE: The Addendum is separate from the rest of the documents).

An Interim Recertification is done to indicate occupancy of the live-in aide. In-House Communities should send a Community Control Sheet to their Compliance Representative to process this IR. Please attach all required documents.



## SECTION 1 – INFORMATION & INSTRUCTIONS

If you require assistance in completing this form, please let us know and we will assist. You may request a Live-In Aide as a reasonable accommodation request under the Fair Housing Act and in order for an individual to qualify as a Live-In Aide, you must:

- meet the definition of a “person with disabilities” set by the Fair Housing Act; and
- require a Live-In Aide in order to successfully live in this community, perform daily living activities, and meet the lease terms; and
- have all information verified through a health care professional

## SECTION 2 – REQUESTOR INFORMATION

**A** Full Name: \_\_\_\_\_

**B** Property: \_\_\_\_\_ Unit #: \_\_\_\_\_

**C** Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**D** Email: \_\_\_\_\_

**D** By signing below, you request the individual identified in the questionnaire be screened as your Live-In Aide, understand that this property will only consider if the individual is suitable to live at this property, and should they be approved, they will have no right to remain in the unit if, for any reason, you should leave.

**E** Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SECTION 1 – RESIDENT/REQUESTOR INFORMATION

- A** Full Name: \_\_\_\_\_
- B** Property: \_\_\_\_\_ Unit #: \_\_\_\_\_

## SECTION 2 – PROPOSED LIVE-IN AIDE INFORMATION

- A** Full Name: \_\_\_\_\_
- B** Address: \_\_\_\_\_ Unit: \_\_\_\_\_
- C** City: \_\_\_\_\_ State/Zip: \_\_\_\_\_
- D** Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_
- E** Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
- F** Are you a relative?  No  Yes If yes, how: \_\_\_\_\_
- G** Are you employed?  No  Yes If yes, please complete H-I
- H** Employer: \_\_\_\_\_ City: \_\_\_\_\_
- I** Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_
- J** Phone: \_\_\_\_\_ Employ Dates: \_\_\_\_\_

**SECTION 2 – PROPOSED LIVE-IN AIDE INFORMATION (CONT'D)**

**K** Please provide 2 years of residential history by completing the below section (attach additional pages if needed).

L1 Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
M1 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
N1 Phone: \_\_\_\_\_ Dates: \_\_\_\_\_  
O1 Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
P1 Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
L2 Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
M2 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
N2 Phone: \_\_\_\_\_ Dates: \_\_\_\_\_  
O2 Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
P2 Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

- Q** Have you been evicted within the past 5 years?  Yes  No
- R** Have you been in any legal/criminal/civil actions within the past 5 years?  Yes  No
- S** Are you listed on any state's sex offender registration?  Yes  No
- T** Do you illegally use/sell controlled substances or abuse alcohol?  Yes  No

**SECTION 2 – PROPOSED LIVE-IN AIDE INFORMATION (CONT'D)**

- U** Do you agree to abide by all Lease terms and the Landlord's House/Community rules and regulations?  Yes  No
- V** Do you understand that your occupancy will be terminated should you fail to comply with the Landlord's House/Community rules and regulations?  Yes  No
- W** Do you agree to vacate the unit during any time period during which the Tenant is absent from the unit for longer than two weeks (14 days and/or nights)?  Yes  No
- X** Do you understand that you are occupying this property only to provide personal care services to the Requestor, and therefore, have no rights to continued occupancy of the Tenant's unit should the Tenant vacate for any reason?  Yes  No
- Y** I understand that the information provided will be used to determine my eligibility to live on this property as a Live-In Aide and I authorize the owner to verify all information provided on this form, which may be released to appropriate federal, state, or local agencies. I certify that the statement made are true and complete to the best of my knowledge and understand that false statement are punishable under federal law and may result in denial of my Live-In Aide status.

**Z** Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**OPERATIONS**  
**LIVE-IN AIDES**  
**QUESTIONNAIRE**



**SECTION 1 – RESIDENT/REQUESTOR INFORMATION**

**A** Requestor: \_\_\_\_\_

**B** Property: \_\_\_\_\_ Unit #: \_\_\_\_\_

**C** Live-In Aide: \_\_\_\_\_

**SECTION 2 – LIVE-IN AIDE VALIDATION**

**A** Date Received: \_\_\_\_\_ By: \_\_\_\_\_

**B** Residential History:  No  Yes Criminal:  No  Yes

**C** Verification:  No  Yes Sex Offender:  No  Yes

**D** RA/M:  No  Yes Effective Date: \_\_\_\_\_

**E** Comments: \_\_\_\_\_

**F** Approved:  No  Yes Date Approved: \_\_\_\_\_

**G** By signing below, you request the individual identified in the questionnaire be screened as your Live-In Aide, understand that this property will only consider if the individual is suitable to live at this property, and should they be approved, they will have no right to remain in the unit if, for any reason, you should leave.

**H** Signature: \_\_\_\_\_ Date: \_\_\_\_\_