



## Request for Care Attendant / Live-In Aide

Participant Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please answer the following questions related to your request to add a Live-In Aide to your household.

1. Which family member requires a Live-In Aide? \_\_\_\_\_

2. Explain how a Live-In Aide is **essential** to the care and well-being of this family member:

\_\_\_\_\_  
\_\_\_\_\_

3. Is the Live-In Aide required on a:  Full-Time basis  Part-Time basis

If Part-Time, what hours of the day and/or night is the Live-In Aide required?

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

4. Provide the name of a health care professional who can verify the need for the Live-In Aide:

\_\_\_\_\_  
Name Title Address

5. What is the current address of the Live-In Aide?

\_\_\_\_\_  
Street City / State Zip Code

6. How much will the Live-In Aide be paid?

\$ \_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month, etc.)

7. Is the proposed Live-In Aide a relative?  Yes  No

I do hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household Date

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful or false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.**

