WASHINGTON COUNTY HOUSING AUTHORITY

DIRECTORS
Steven M. Toprani, Chairman
Monique Taylor
Dipesh Patel
Clyde Wilhelm

100 S. Franklin Street
Washington, Pennsylvania 15301
TDD Number: 724-228-6083
Office Number: 724-228-6060
Main Fax Number: 724-228-6089
Accounting Dept. Fax Number: 724-228-8685
Purchasing Dept. Fax Number: 724-228-6154
www.wchapa.org • Email: wcha@wchapa.org

DENNIS C. FISHER
Interim Deputy Executive Director

GARY J. MATTA
Solicitor

REQUEST FOR A LIVE-IN AIDE / CAREGIVER

Reasonable Accommodation — Housing Choice Voucher Program

A. PARTICIPANT INFORMATION

Participant / Head of Household Name

Address

City, State, ZIP Code

Telephone Number

Email

B. REQUEST FOR REASONABLE ACCOMMODATION

☐ I am requesting approval for a live-in aide/caregiver as a reasonable accommodation due to a disability-related need.

Briefly describe the accommodation being requested. Do not provide a diagnosis or medical records.

Accommodation Requested

C. KNOWLEDGEABLE PROFESSIONAL / RELIABLE THIRD PARTY

Provide the contact information for a qualified professional or reliable third party who is in a position to know about and verify the disability-related need for a live-in aide/caregiver. WCHA may send a limited Third-Party Verification Form to this person.

Name of Medical or Other Qualified Professional / Reliable Third Party

Position / Title or Service Relationship

Name of Practice / Agency / Organization

Address

City, State, ZIP Code

Telephone Number

Fax Number / Email

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LIMITED AUTHORIZATION FOR VERIFICATION

Live-In Aide / Caregiver Reasonable Accommodation

D. AUTHORIZATION

I authorize the person or organization identified on the preceding page to release to the Washington County Housing Authority only the information requested by WCHA for the purpose of determining whether there is a disability-related need for the requested live-in aide/caregiver reasonable accommodation.

This authorization does not request or authorize release of my complete medical records, detailed medical history, diagnosis, treatment information, medications, or information unrelated to this reasonable accommodation request.

I understand WCHA may contact the identified professional or reliable third party to verify or clarify the limited information provided concerning the disability-related need for the requested accommodation.

Participant / Authorized Representative — Type Full Name as Signature

Date

Printed Name

If Signed by a Representative, Relationship / Authority

E. RETURN COMPLETED FORM TO

Washington County Housing Authority

100 S. Franklin Street

Washington, Pennsylvania 15301

Attn: Mark- HCV

Email: markh@wchapa.org

Phone: 724-228-6060 ext. 104 • Main Fax: 724-228-6089

WCHA STAFF USE ONLY — CONFIDENTIAL

Date Received

Received By

Limited third-party verification is needed.

Landlord statement / approval received, if required.

No additional verification is needed.

Proposed live-in aide information / certification received.

Staff Review Notes / Next Action

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LIVE-IN AIDE / CAREGIVER REASONABLE ACCOMMODATION

Housing Choice Voucher Program

Date

Participant Name

Address

City, State, ZIP Code

NOTICE REGARDING YOUR REQUEST

The Washington County Housing Authority has received your request for a live-in aide/caregiver to be added to your household as a reasonable accommodation for participation in the Housing Choice Voucher Program. Before WCHA can make a determination, additional information is needed.

Please complete and return the required information within 10 working days of the date of this notice.

REQUIRED INFORMATION

1. REQUEST FOR A LIVE-IN AIDE / CAREGIVER — Complete the participant request and authorization form included with this notice.

2. LIVE-IN AIDE / CAREGIVER INFORMATION — Provide the information requested by WCHA concerning the proposed live-in aide/caregiver and complete any affidavit or certification provided by WCHA.

3. LANDLORD APPROVAL — Provide a written statement from your landlord approving the addition of the proposed live-in aide/caregiver to the unit, when required for the proposed tenancy.

NEXT STEPS

WCHA will review the information and notify you of its determination. If information necessary to evaluate the disability-related need is not returned, WCHA may be unable to approve the request based on the available information. WCHA may contact you to clarify the request or discuss an effective alternative.

If you have questions or need assistance completing the form, contact the Section 8 office at 724-228-6060.

Sincerely,

Mark Hampe
HCVP Coordinator
cc: file