Request for Emergency Temporary Live-In Aide

I certify that I, ______________________________, require a live-in aide and will be harmed if one is not immediately permitted.

I am appointing ______________________________ as my temporary live-in aide.

This person ___ is ___ is not a current member of my household.

This person ___ is ___ is not related to me.

If related, the relationship is: ______________________________________________________

I understand that if I am denied a live-in aide by the housing agency or if the temporary live-in aide fails to meet the housing agency’s definition of a live-in aide, either the person must leave the unit within 14 calendar days of the date of the denial letter or I will add the person as a household member.

I understand that if I am denied a live-in aide or if the live-in aide I have requested is denied, I can request an informal hearing within 14 calendar days of the date of my denial letter.

Signature of family member requiring temporary aide ________________________________

Date__________________________ Head of Household ______________________________

WARNING: Any person who signs this statement and who willfully states as true any material matter that he/she knows to be false is subject to the penalties prescribed for perjury in section _______________ of the State Penal Code and section______________ of the Welfare and Institutions Code.