

## 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.