

# ROCKVILLE HOUSING ENTERPRISES

1300 Piccard Drive, Suite 203  
(301) 424-6265

Fax (301) 217-5857

Rockville, Maryland 20850  
TDD (301) 424-1078

## Live-In Aide Verification for Recertification

This document is used to verify that your live-in aide continues to meet the guidelines for the housing program.

- 1) RHE resident's full name: \_\_\_\_\_
- 2) The live-in aide's full name: \_\_\_\_\_
- 3) The live-in aide is currently working with the resident \_\_\_\_\_ hours per day. Please fill in the hours that the live-in aide works on the following schedule:

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours Worked</b>							

- 4) Please list the specific services that the aide provides:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 5) The live-in aide is (check one)  employed  not employed by an agency. If employed by an agency, please write the agency's name and phone number:  
 \_\_\_\_\_

*Your signature indicates that the information on this form is true to the best of your knowledge. Your signature also indicates that the live-in aide is not paying any rent.*

\_\_\_\_\_  
 Signature of resident                      Date                      Signature of live-in aide                      Date

**This form must be signed and returned to your Occupancy Specialist as part of your recertification.**

