

**MODEL  
FORM**

## Require Caregiver Registration to Prevent Misconduct, Unauthorized Live-Ins

Here's a form you can adapt and use at your site after showing it to your attorney. The form states that residents are responsible for the actions of their service providers and provides details on how an owner will proceed if the owner suspects the registered caregiver is living in the unit as an unauthorized occupant.

### CAREGIVER REGISTRATION

**CAREGIVER'S NAME** \_\_\_\_\_

ORGANIZATION'S NAME (IF APPLICABLE) \_\_\_\_\_

CAREGIVER'S CURRENT ADDRESS \_\_\_\_\_

CAREGIVER'S COMMUNITY OR LANDLORD'S NAME (IF APPLICABLE) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TEL.# \_\_\_\_\_ EMAIL \_\_\_\_\_

**RESIDENT RECEIVING CARE** \_\_\_\_\_ UNIT # \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

#### TO THE CAREGIVER & RESIDENT:

**CAREGIVERS** are not defined as guests and must be registered with the site staff if they will be present on the site for more than thirty (30) cumulative days/nights in any twelve (12) month period. The number of overnight visitors or caregivers is limited to the local occupancy standards for the unit size plus one. If the resident needs a larger unit to accommodate the number of caregivers necessary, the resident should request a reasonable accommodation.

**CAREGIVERS** must certify that they will abide by site rules and will not disturb the peace and quiet comfort of other residents. Caregivers must also certify that they are not unauthorized residents.

**RESIDENTS** are responsible for the actions of their caregivers.

If the owner suspects that a registered caregiver should actually be classified as a resident, the owner will request a meeting with the head of household. Per HUD requirements, the resident will have ten (10) days to meet with the owner/agent. Failure to respond to the request to meet will result in termination of assistance beginning the first of the month following the 10-day notice.

If the owner/agent suspects that a service provider is actually living in the unit as an unauthorized live-in aide or as an unauthorized resident, the owner/agent will ask for verification of alternative residence. Verification documents include, but are not limited to, one or more of the following:

- Verification with the U.S. Postal Service that no mail, for the guest, is delivered to the unit address;
- A current lease indicating an alternative residence;
- A current utility bill in the person's name showing an alternative address; and
- A current insurance policy or other such invoice/bill showing an alternative address.

#### CAREGIVER: Please answer the following 6 questions:

1. Are you able to provide essential care for the resident listed above?  Yes  No

*continues...*

## CAREGIVER REGISTRATION (continued)

2. Do you certify that you would not be staying in the unit overnight except to provide the necessary supportive services to the resident named above?  Yes  No
3. Will the resident named above pay you a fee for providing services?  Yes  No  
If yes, please provide the amount you will be paid. \$ \_\_\_\_\_  HOURLY  WEEKLY  MONTHLY
4. Do you agree to allow us to verify your status as a current resident living at the above address?  Yes  No  
If yes, please initial & date: \_\_\_\_\_
5. Have you read and do you understand the site's house rules and regulations?  Yes  No
6. Do you understand that you are being allowed to exceed the number of overnight visits indicated in the house rules in order to provide personal care services to the resident listed above, and therefore, you have no rights to the resident's unit should the resident vacate the unit for any reason?  Yes  No

### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

### CONSENT & AGREEMENT

By signing this document, I hereby certify that I have carefully read the Caregiver Registration. I agree to abide by the policies outlined in this document. I understand all of its content, and have provided true and correct answers to all questions.

**CAREGIVER** (PRINT NAME) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby certify that I have carefully reviewed all information provided by the Caregiver in response to the Caregiver Registration, and to my knowledge the Caregiver has provided true and correct information and answers.

**HEAD OF HOUSEHOLD** (PRINT NAME) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RESIDENT** (PRINT NAME) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_