



Civida.ca

E: help@civida.ca

P: 780-420-6161

F: 780-426-6854

10232 112 Street NW
Edmonton, AB T5K 1M4

Live-In Aide Application Form

- Complete this form if you are an applicant, tenant or subsidy recipient who wishes to have a live-in aide live with you.
- For **DRS recipients**, please provide a copy of your residential tenancy agreement (lease) showing that the proposed live-in aide has their own bedroom.
- Please review the Live-in Aide information sheet available on our website for more information on the eligibility requirements for a live-in aid.

Please submit this form to Civida via mail, fax, in person at our office or by email to help@civida.ca.

SECTION ONE – PERSONAL INFORMATION

Please provide current contact information for the primary tenant/rent supplement recipient/applicant.

First Name(s) (current legal name)	Last Name (current legal name)	Preferred Name (if different)
Date of Birth (DD/MM/YYYY)	Tenant Code	

SECTION TWO – LIVE-IN AIDE INFORMATION

Full legal name of live-in aide

How long will the services of the live-in aide be required?	What is the live-in aide's work schedule?	
Is the live-in aide finally compensated?	Yes	No

If yes, please provide proof of compensation.

Please include documentation demonstrating that the care is essential. This can be completed by:

- A medical doctor;
- A psychiatrist; or,
- A non-medical agency that works with people with disabilities.



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SECTION THREE – SIGNATURE

The Live-in Aide Application Form must be signed by both the leaseholder, recipient or applicant **and** the proposed Live-in Aide.

Name	Signature
Proposed Live-in Aid - Name	Signature

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca