



GAINESVILLE HOUSING AUTHORITY

Where Housing Matters

1900 SE 4th Street

Gainesville, Florida 32641

Telephone (352) 872-5500 * TDD (352) 872-5503 * FAX (352) 872-5501

CHECKLIST FOR DISABILITY ASSISTANCE EXPENSE VERIFICATIONS

- Attendant care frees a family member, including the handicapped family member, to work:
- Written certification from attendant as to cost incurred.
- Copies of cancelled checks used to make attendant care payments, receipts from care source.
- Written certification from Rehabilitation Agency or doctor that handicapped person requires care to be employed, or that care enables another family member to work.
- Auxiliary apparatus frees a family member, including handicapped family member, to work.
- Receipts for purchase of apparatus.
- Evidence of monthly payments or total payments for apparatus.
- Where handicapped family member is employed, a statement from the employer that the apparatus is necessary for employment.
- Written certificate from Rehabilitation Agency or doctor that handicapped person requires auxiliary apparatus to be employed, or to enable another family member to work.
- Certification by family that no repayment is received for the costs associated with attendant care or auxiliary apparatus provided.