

**Important Information for Physicians and their Patients**

Your patient has applied for community housing under the Housing Services Act (HSA) through the Region of Peel and is requesting a medical priority for applicants with a terminal illness.

When completing the questions on this form please use plain language, print all comments and refrain from using abbreviations or acronyms.

**The Region of Peel has a medical priority policy for applicants of community housing under the *Housing Services Act* who are not currently receiving rent-geared-to-income subsidy. The policy applies to applicants who have been diagnosed with a terminal illness and have less than two years to live or who are candidates awaiting an organ transplant.**

Medical documentation must support the individual's diagnosis and life expectancy. Medical priority will not be granted if the diagnosis does not match the patient's information.

Activities of daily living are considered to be everyday functions and activities individuals normally perform. These include: bathing, eating, dressing, ambulation and toileting.

While on the centralized wait list, priority status belongs to the individual to whom it is assigned.

**Housing Client Services does not provide support services. If required, support must be in place to be eligible for subsidized housing.**

**Note:** Your patient is responsible for any payments related to completion of this form.

**Consent and Release from Patient**

I understand that Housing Client Services requires the requested personal health information to determine my eligibility for a medical priority for terminally ill.

Yes  No

I authorize my physician to release the information requested on this form to Housing Client Services, and I consent to Housing Client Services using, verifying and retaining this information on my centralized wait list file

Yes  No

\_\_\_\_\_  
Patient's Name (printed)

\_\_\_\_\_  
Unique Key

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Patient Information

Before completing this form please ensure that you have read the front to understand under which circumstances an applicant is granted a medical priority for the terminally ill.

**NOTE:** Our privacy statement is at the end of the form.

Please print when providing the information requested below.

Patient's Name

Patient's Date of Birth (*mm/dd/yyyy*)

Patient's Address

## THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PHYSICIAN

Before completing this form please ensure that you have read the front to understand under which circumstances an applicant is granted a medical priority for the terminally ill.

**NOTE:** Our privacy statement is at the end of the form.

Please print when providing the information requested below.

1) Diagnosis of Illness.

2) Which of the following conditions related to life expectancy matches the patient's diagnosis?

- Less than 2 years
- On the transplant wait list awaiting organ donor (Documentation confirming this will be required)

## Ability to Live Independently

### Physician to complete

1. Is this patient currently able to live and function independently including the ability to manage the activities of daily living without assistance?

Yes  No

a) If NO, explain. What support does the patient need?

### Patient to complete (Only if the question above was answered NO)

2. Do you have the required supports noted above in place to help manage your activities of daily living?

Yes  No

b) If YES, please list all supports/agencies currently in place:

Agency Name

Contact

Telephone

**Note: Housing Client Services does not provide support services.**

## Physician's Release

I hereby certify that this information represents my best professional judgement and is true and correct to the best of my knowledge.

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Physician's  
stamp

## Statement of Disclosure

*The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for a medical priority and is collected under the authority of the Housing Services Act, 2011 S.O. 2011 c. 6.*

*In applying for a medical priority, the applicant; who is in receipt of or applying for rent-geared-to-income assistance; consents to the collection, use and disclosure of the information on this form (including verification of the information) provided to Housing Client Services in their application or supporting documents.*

*Questions about the collection, use or disclosure of personal information, should be directed to The Regional Municipality of Peel, Human Services Department, Supervisor, Document Services, 10 Peel Centre Drive, Suite B, P.O. Box 2800, STN B, Brampton, ON L6T 0E7, or by telephone at 905-791-7800, extension 3577.*

Housing Client Services  
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Phone: 905-453-1300  
<https://peelregion.ca/housing/>