

Patient Information	
<i>Before completing this form please read the back to understand which circumstances an applicant is granted a modified unit or an additional bedroom and to see our privacy statement.</i>	
Patient's Name	_____
Patient's Address	_____
Description of the patient's disability or medical condition	_____

Is the Patient Requesting a Modified Unit?	
1) Is the patient in a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If YES, how often is the patient in the wheelchair?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
2) Does the patient require modifications to their accommodation to manage the activities of daily living (please see next page for details)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If YES, identify the required modifications.	_____

Is the Patient Requesting an Additional Bedroom?	
1) Does your patient's disability or medical condition require him or her to have a separate bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) to store and/or operate medical equipment. Identify the medical equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) the room is required for an overnight caregiver (who is not part a of the household)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) other Specify the reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is your patient able to manage the activities of daily living without assistance (see next page for details)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If NO, what supports does the patient need?	_____
b) Are these supports in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.	
_____	Space for physician's stamp
Physician's Name (printed)	Contact Telephone No.
_____	_____
Physician's Signature	Date
_____	_____



Consent and Release from Patient

I understand that Peel Access to Housing (PATH) requires the requested personal health information to determine my eligibility for a modified unit, or an additional bedroom. I authorize my physician to release the information requested on this form to PATH, and I consent to PATH using, verifying and retaining this information on my housing file.

Patient's Name (printed)

Application Number

Patient's Signature

Date (MM/DD/YYYY)

Important Note to Physicians and their Patients:

Your patient is requesting an accessible unit or requesting an additional bedroom in rent-geared-to-income housing.

Please note the following conditions for modified units and additional bedrooms:

- The use of a scooter or walker does not qualify a patient for a modified unit or an additional bedroom.
- Availability of units and flexibility of housing preferences will determine placement.
- A **caregiver** does not live with the client on a full-time basis and continues to have another permanent address. If the caregiver is in fact living with the client, they are a part of the household and their income will be used for rent calculation (an exception applies to caregivers sponsored to Canada for employment as a caregiver).
- **Activities of daily living** are considered to be everyday functions and activities individuals normally perform. This includes bathing, eating, dressing, ambulation and toileting.
- An **accessible building** is defined by grade level access to accommodate scooters, walkers, or wheelchairs.
- **Modified units** will vary by housing provider and have varying degrees of modifications and accessibility. Some may have widened doorways and hall space, roll-in showers or modifications to allow applicants who are confined to a wheelchair to use the kitchen and bathroom.

The Region of Peel dictates occupancy standards for rent-geared-to-income housing:

These standards permit a household to qualify for an additional bedroom if:

- One of the spouses or same-sex partners who would normally share a bedroom requires a separate bedroom because of a disability or medical condition.
- One of the children that would normally share a bedroom requires a separate bedroom because of a disability or medical condition.
- A room is required to store equipment that a member of the household needs because of a disability or medical condition.

Privacy Statement

The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for medical priority for the terminally ill and/or a modified unit or additional bedroom and is collected under the authority of the Social Housing Reform Act, 2000 S.O. 2000, c.27. In applying for rent-geared-to-income housing and/or the applicant's request for medical priority for the terminally ill, the applicant consents to the collection, use and disclosure, including verification, of the information provided to Peel Access to Housing in their application or supporting documents.

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