

Important Information for Physicians and their Patients

Your patient has applied for rent-geared-to-income housing and is requesting medical priority for applicants with terminal illness.

The Region of Peel has a medical priority policy for rent-geared-to-income applicants who have been diagnosed with a terminal illness and who have **less than two years to live**. Candidates awaiting organ transplant are eligible for priority for the terminally ill. Medical documentation must support the individual's diagnosis and life expectancy.

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

The applicant's physician must answer all questions on the form in plain language. All comments are to be printed. Please do not use abbreviations or acronyms.

Consent and Release from Patient

I understand that Peel Access to Housing (PATH) requires the requested personal health information to determine my eligibility for medical priority for the terminally ill. 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/mm/yyyy)

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 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 the applicant's request for a 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 support 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 L7T 0E7, or by telephone at 905-453-1300, extension 3577.



THE FOLOWING INFORMATION MUST BE COMPLETED BY THE PHYSICIAN

Eligibility for Medical Priority for Applicants with Terminal Illness

Patient Information

The Region of Peel’s medical priority status on the centralized waiting list for rent-geared-to-income housing is reserved for individuals who have been diagnosed with a **terminal illness with less than two years to live.**

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

This section will help Peel Access to Housing (PATH) determine if the applicant qualifies for the priority reserved for terminally ill applicants.

Patient’s Name: _____

Patient’s Date of Birth (mm/dd/yyyy) _____

Patient’s Address: _____

1) How long has this patient been under your care? _____ years

2) Diagnosis of illness. What is the nature of the illness and what are the clinical findings?
(Please print.)

3) What is your patient’s life expectancy? Less than 2 years More than 2 years

4) Provide any additional information regarding prognosis. (Please print.)



Patient Requesting a Modified Unit

- 1) Is the patient in a wheelchair? Yes No
- a) If YES, how often is the patient in the wheelchair? Full-time Part-time
- b) If NO, in your opinion, will the patient require an accessible unit to accommodate a wheelchair in the foreseeable future? Yes No
- Identify timelines when the patient may/will need a wheelchair _____
- 2) Does the patient need modifications to their accommodation to manage **activities of daily living**? (See page 4 for details on **modified units**.) Yes No
- a) If YES, describe the modifications needed (include kitchen & bath) _____
- _____

Patient Requesting an Additional Bedroom

- 1) Does the patient need a separate bedroom because of a disability or medical condition? Yes No
- a) Why does a person with this condition need a separate bedroom? _____
- _____
- b) Is the room needed to facilitate the use of medical equipment? Yes No
- Specify the type of medical equipment. _____
- c) Is the room is needed for an overnight caregiver? Yes No
- d) Other: Specify the reason _____
- 2) Does the patient need support services to manage the **activities of daily living**? (See back page for details.) Yes No
- a) If YES, what supports does the patient need? _____
- b) Are these supports in place? Yes 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.	
_____	_____
Physician's Name (printed)	Contact Telephone No.
_____	_____
Physician's Signature	Date (mm/dd/yyyy)

Space for physician's stamp

The following information applies to a request for a modified unit or additional bedroom

The Region of Peel has set occupancy standards for rent-gearred-to-income housing. These standards permit a household to qualify for an additional bedroom if, **because of a disability or medical condition:**

- one of the spouses or same-sex partners who would normally share a bedroom requires a separate bedroom
- a member of the household needs an additional bedroom to facilitate the use of medical equipment
- a member of the household needs a caregiver to provide support services overnight to enable the individual to live independently.

The following conditions do not qualify the patient for a modified unit or an additional bedroom:

- Snoring or sleep apnoea
- Use of a Walker or Exercise Equipment

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

An **accessible building** is defined by grade level access to accommodate wheelchairs, scooters and walkers.

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 an individual confined to a wheelchair to use the kitchen and bathroom.

Availability of units and flexibility of housing preferences will determine placement.

