

Medical Request Form for Modified Unit OR Additional Bedroom

Before completing this form please read thoroughly to understand under which circumstances an applicant is granted a modified unit or an additional bedroom and to see our privacy statement.

Patient name: _____

Patient address: _____

Please describe the patient's disability or medical condition: _____

If the patient is requesting a modified unit please complete the following:

- 1) Is the patient in a wheelchair? yes no
 - a) If yes, is the patient in the wheelchair: full-time part-time
- 2) Does the patient require modifications to their accommodation to manage the activities of daily living? *(please see below for details)* yes no
 - a) If yes, identify the required modifications: _____

If the patient is requesting an additional bedroom please complete the following:

- 1) Does your patient's disability or medical condition require him or her to have a separate bedroom to store and/or operate medical equipment? yes no
 - a) If yes, what is the medical equipment? _____
- 2) Does your patient's disability or medical condition require him or her to have a separate bedroom because the room is required for an overnight caregiver (who is not a part of the household)? yes no
- 3) If no, is your patient able to manage the activities of daily living without assistance? *(please see below for details)* yes no
 - a) If no, 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 judgment and is true and correct to the best of my knowledge.

Space for physician's stamp

Physician's name (printed)

Contact telephone number

Physician's signature

Date

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Consent and release from patient

I understand that WoodGreen 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 WoodGreen, and I consent to WoodGreen using, verifying and retaining this information on my housing file.

Patient's name (printed)

Application number

Patient's signature

Date

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 City of Toronto 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
- An individual who is not a member of the household but acts as a caregiver to a member of the household, requires a bedroom

The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for 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 a modified unit or additional bedroom, the applicant consents to the collection, use and disclosure, including verification, of the information provided to WoodGreen in their application or supporting documents.