



ACCESSIBLE UNIT REQUEST

Appendix B

Household Name: _____ Phone # _____

Address: _____

IMPORTANT NOTE TO PHYSICIANS

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

There are a number of units that have been modified with accessibility features to accommodate people with physical disabilities. Accessible units have varying degrees of modifications and vary by housing provider. Some may have roll-in showers or walk-in showers, lowered counters, roll-under sinks, lowered light switches, front stove controls, lowered cabinets, barrier free bathroom, etc.

The use of a scooter or walker does not necessarily qualify a person for an accessible unit.

Please complete Question #1 or #2: MUST BE COMPLETED BY THE PHYSICIAN

1. Does your patient use a wheelchair? Yes _____ No _____

If yes, please specify: Full time Occasionally

Do they require a; Roll in Shower Walk in shower

2. Does your patient have any special housing requirements In the following areas? Please specify;

EXTERIOR (i.e. barrier free accessible building); **GENERAL UNIT** (i.e. barrier free);

KITCHEN (i.e. lowered counters/cupboards); **BATHROOM** (i.e. grab bars, shower modifications)

Are there any other modifications the patient would require to manage their activities of daily living?
Please explain below:

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)

Phone

Physician's Signature

Date

CONSENT & RELEASE FROM TENANT/MEMBER

I understand that the Housing Provider requires the requested personal health information to determine my continued eligibility for an accessible unit.

I authorize my physician to release the information requested on this form to the Housing Provider and I consent to using, verifying and retaining this information in my housing file.

Tenant/Member Name (printed)

Tenant/Member Signature

Date

Office Use Only

Remains eligible for accessible unit

No longer eligible Reason: _____

Date: _____ Staff Signature: _____

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), 1991 and the Personal Health Information Protection Act (PHIPA), 2004. The information will be used only for the purposes of determining continued eligibility for an accessible unit. In requesting an accessible unit, the tenant/member consents to the collection, use and disclosure, including verification, of the information provided to the Housing Provider in their request or supporting documents.