



ADDITIONAL BEDROOM REQUEST

Appendix A

Household Name: _____ Phone Number: _____

Address: _____

A) ADDITIONAL BEDROOM FOR MEDICAL EQUIPMENT/USE OF MEDICAL EQUIPMENT INTERFERES WITH SPOUSE/PARTNER

Your patient is requesting an additional bedroom based on medical grounds. In order to assess the request, we require the information below to be completed.

There are two circumstances under which an additional bedroom may be requested. Please review each description below, check the appropriate box, and provide an explanation.

A household member requires a separate bedroom because the use of required medical equipment substantially interferes with the sleep patterns of the spouse/same-sex partner. Please list the specific medical equipment and how it interferes with the sleep patterns of the spouse/same-sex partner.

A separate bedroom is required for storage of medical equipment. There is a significant mobility issue of a member of the household, such that more than one piece of large equipment is required for mobility purposes. Please list the specific medical equipment that requires an additional bedroom for storage.

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.

Physician's Name (print)

Phone

Physician's Signature

Date

Physician's Stamp

CONSENT & RELEASE FROM TENANT/MEMBER

I understand that the requested personal health information is required to determine my eligibility for an additional bedroom or a transfer to another unit.

I authorize my physician to release the information requested on this form and I consent to the use, verification, and retention of this information in my housing file.

Patient Name

Patient Signature

Date

Office Use Only

is eligible for another bedroom

Not 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 additional bedroom. In requesting an additional bedroom, the tenant/member consents to the collection, use and disclosure, including verification, of the information in their request.