



CAREGIVER INFORMATION

Appendix F

The personal information disclosed on this form will be used for the purpose of evaluating your eligibility for an additional bedroom to accommodate a caregiver under The City of Brantford's local **Occupancy Standards** under the *Housing Services Act, 2011*.

On an annual basis thereafter, the housing provider may ask for new information to verify that you still qualify for the extra bedroom to accommodate a caregiver.

Overnight care is provided to the person listed below, who is unable to live independently without care, to continue to live independently in their current residence.

Please note: A letter from your doctor must be provided outlining your requirement for a caregiver.

CAREGIVERS ARE REQUIRED TO COMPLETE SECTION 1 OR SECTION 2 BELOW

1. AGENCY: CARE AGENCY INFORMATION

Name of Client Receiving Care	Client's Address
Name of Care Agency	Care Agency Representative Name
Care Agency Representative Title	Care Agency Representative Phone

2. SINGLE PERSON: CAREGIVER INFORMATION

(The caregiver cannot be a member of the immediate family – i.e., spouse or dependent. If a relative of the member is providing the care services and does not have another permanent address, the relative's income may be included in the total household's calculation of rent-geared-to-income assistance.)

Name of Client Receiving Care	Client's Address
Name Of Caregiver	
Are you currently required by Citizenship & Immigration Canada to live with a person requiring care? (circle one)	
YES	NO

3. CARE AGENCY / CAREGIVER DETAILS

I provide overnight care to the above named person for _____ nights per week, for the purpose
Of: *(please explain)*

Please check and complete one of the following:

- The client's address above is my permanent address and I live in this household solely for the purpose of providing care to the person named above.
- The client's address is not my permanent address. My permanent address is:

4. CARE AGENCY / CAREGIVER DECLARATION

I declare that the information I have provided is true and correct to the best of my knowledge.

Care Agency/Caregiver 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 additional bedroom to accommodate a caregiver.

I authorize my physician and care agency or caregiver 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

Approved Denied Date: _____ By: _____

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 provided to the Housing Provider in their request or supporting documents.