



Medical Request Form an Additional Bedroom to Accommodate a Caregiver

Before completing this form please read page 2 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 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 page 2 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	

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 signing an application for rent-geared-to-income housing, an applicant consents to Housing Connections verifying the information they provide to us in their application.

Patient release

I hereby authorize my physician to release any required medical information to Housing Connections. I also authorize that this form will be retained in 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 additional bedroom in rent-geared-to-income housing to accommodate a caregiver.

Please note the following conditions for 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

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

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