

Additional Bedroom / Transfer to an Accessible Unit / Modified Unit

This *entire* form must be completed by a licensed health care professional (LHCP) such as:

- **Physician**
- **Psychiatrist**
- **Physiotherapist**
- **Optometrist**
- **Audiologist**
- **Psychologist or psychological associate**
- **Chiropractor**
- **Occupational therapist**
- **Speech language pathologist**
- **Registered nurse licensed to practice in Canada**

This form should be completed when:

- **A member of the household has a medical condition or impairment, and a licensed health care professional has determined that a different unit or modification to the unit would materially contribute to stabilizing or improving the health and quality of life of the tenant;**
OR
- **A member of the household has a need for specific support services and is required to move to a different unit, building or community in order to be accommodated. This includes life sustaining medical equipment that cannot be stored in the current size of unit and for which there is no alternate storage provided by Toronto Community Housing.**

PAGES 3 OF THIS DOCUMENT PROVIDE THE CONDITIONS FOR ACCOMMODATIONS.

Patient name: _____

Patient address: _____

Date of birth: _____

Parent/legal guardian/leaseholder's name: _____

Please describe the patient's impairment(s): _____

Is the impairment(s) permanent? yes no

a) If no, what is the expected duration of the impairment(s)? _____

Tenant Request for Accommodation Form

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

- 1) Does the patient require the use of 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? yes no
 - a) If yes, specify the required modifications:
- 3) Does the patient currently live in a wheelchair accessible unit or a unit that has been modified for accessibility? yes no

If No, patient may qualify for a medical priority (complete request for medical priority form).

- 4) Does the patient require an accessible building? yes no

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

- 1) What size unit does the patient currently live in? _____
- 2) What size unit is the patient requesting? _____
- 3) Does your patient's impairment(s) require him or her to have a separate bedroom? yes no If yes, why?
 - a) To store and/or operate medical equipment? yes no

If yes, what is the medical equipment? _____
 - b) Because the room is needed for an overnight caregiver who is not part of the household? yes no
 - c) Other? yes no

If yes, what is the reason? _____

If the patient requires specific support services please complete the following:

- 1) Does the patient require specific support services that are not accessible to them in their current location? yes no

If yes, please explain.

Tenant Request for Accommodation Form

Licensed Health Care Professional (LHCP)

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

LHCP stamp

LHCP Name (please print)

Contact tel.
number

LHCP Signature

Date

Consent from patient

I understand that Toronto Community Housing requires the personal health information requested on this form to determine my eligibility for a modified unit or an additional bedroom. I authorize my LHCP to release the information requested on this form to Toronto Community Housing and I consent to Toronto Community Housing using, verifying, disclosing and retaining this information, my application and any supporting documents on my housing file to respond to my request for accommodation and for related tenancy purposes.

Patient's name (please print)*

Tenant account number

Patient's signature*

Date

** If the patient is under 18 or unable to provide consent in writing by reason of physical or mental disability, the consent may be signed by the patient's parent, legal guardian, or trustee, if there is no trustee, their next of kin.*

Important note to licensed health care professionals and their patients:

Your patient is requesting an accessible unit or an additional bedroom at Toronto Community 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** in accessible buildings and flexibility of housing preferences will determine placement.
- A **caregiver** does not live with the client on a full-time basis while having 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 part of the rent calculation. (An exception applies to caregivers sponsored to Canada for employment as a caregiver.)
- **Activities of daily living** are everyday functions and activities individuals normally perform, including: bathing, eating, dressing, ambulation and toileting.
- An **accessible building** has grade level access to accommodate scooters, walkers or wheelchairs and is equipped with at least one elevator.

Tenant Request for Accommodation Form

- **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 require 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 on this form is collected under the authority of the Housing Services Act, 2011 and will be used only for the purposes of determining an applicant's eligibility for a modified unit or additional bedroom and related tenancy purposes. If you have any questions about the collection of this information, please contact: Grace Pang, Toronto Community Housing, Legal Services, 931 Yonge Street, Toronto, ON. M4W 2H2, 416-981-5500