

# Home Care Agency's Verification Form

Name of Tenant receiving care:	
Tenant's address:	
Tenant's TCH client account #:	
Tenant's phone number:	

## Important note to caregivers and those receiving care

The City of Toronto has established Local Occupancy Standards for rent geared-to-income housing. These Standards permit a household to have an extra bedroom for a full-time overnight caregiver who provides support services needed because of a household member's disability or medical condition.

When a household requests an extra bedroom for a caregiver, Toronto Community Housing Corporation must determine if the household qualifies under the Local Occupancy Standards. From time to time, Toronto Community Housing Corporation may ask for new information to verify that the household still qualifies.

The personal information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom under the City of Toronto's Local Occupancy Standards under the *Housing Services Act, 2011*. This personal information may also be disclosed to the City of Toronto, solely for the purpose of evaluating compliance with the Local Occupancy Standards. The use and disclosure by Toronto Community Housing Corporation of the personal information in this report will be subject to:

- the *Housing Services Act, 2011*
- the *Health Information Protection Act* as applicable, and
- in the case of the City of Toronto, the *Municipal Freedom of Information and Protection of Privacy Act*.

## Home Care Agency's Verification Form

<b>A representative of the Home Care Agency must complete and sign this form</b>			
Name of the Home Care Agency:			
<b>Home Care Agency Representative:</b>			
Name:		Title:	
Address:			
Telephone Phone:			

<b>Signature of Home Care Agency Representative</b>	
I certify that my agency provides full-time overnight care to:  (name of client) _____ living at  (client's address) _____  The care my agency provides enables this client to live independently at the address given above.	
Signature of Home Care Agency Representative:	
Date (mm/dd/yyyy):	

*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 an additional bedroom and related tenancy purposes.*

*If you have any questions about the collection of this information, please contact: Toronto Community Housing's Legal Services at 931 Yonge Street, Toronto, ON. M4W 2H2, or 416-981-5500.*