

Applicant Reference Number

Request for Modified Unit

Please print in BLOCK LETTERS with a black or blue pen

The attached form is to be completed by the applicant's health professional or support provider as per the consent below.

The Assessment will be used to assist St. Thomas - Elgin Social Housing Services in determining the housing applicants' need for a modified unit. If you need more room to answer any questions, please include details on a separate page and attach it to this form. For information or assistance with this form, please phone St, Thomas – Elgin Social Housing Services at 519-631-9350, Monday to Friday during the hours of 8:30 a.m. - 12:00 and 1:00 p.m. - 4:30 p.m.

Applicant consent

I, the undersigned (provide complete fully) do hereby authorize and direct the following person /agency to provide information (including health information) relevant to my housing application.

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/City

Postal Code

Phone

Mobile

Email address

Name of health professional/support worker

Name of agency

Address of agency

Street/Avenue

Town/City

Postal Code

Telephone number

Email address

I agree to the release of personal information from the above person/agency for the purpose of clarifying issues relating to my need for a modified unit. Only details which directly relate to my need for a modified unit may be provided/discussed.

Full name (please print)

Signature

Date

DD / MM / YYYY

Request for Modified Unit Health Professional Information Form

Important note to physicians and their patients

- **Scooters or walkers** (as defined in the Housing Services Act) do not qualify an applicant for a modified unit or an additional bedroom.
- **Caregivers** do not live with the applicant on a full-time basis and continues to have another, permanent address. If the caregiver is in fact living with the applicant, 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.
- **Accessible buildings** are defined by grade level access to accommodate scooters, walkers, or wheelchairs.
- **Modified units** may have widened doorways and hall space, roll-in showers or modifications to allow applicants who are confined to a wheelchair to use the kitchen and bathroom. Units vary by housing provider and have varying degrees of modifications and accessibility.

The following criteria need to be completed by patient's physician

Relationship to Applicant

I have knowledge of _____ by virtue of my status as his/her

- ☐ Personal Physician
☐ Nurse Practitioner
☐ Social Worker
☐ Support Worker
☐ Care Giver (please describe role below)

_____ has been my client since _____ (mm/yyyy).

Please describe the patient's disability or medical condition:

Is the patient in a wheelchair? ☐ Yes ☐ No

If yes, the patient is in the wheelchair ☐ full-time ☐ part-time

Does the patient require modifications to their accommodation to manage the activities of daily living? ☐ Yes ☐ No

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If yes, identify the required modifications:

Is your patient able to manage the activities of daily living without assistance? ☐ Yes ☐ No

If yes, are these supports in place? ☐ Yes ☐ No

Physician's authorization

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

Physician's Name

Telephone

Signature

Date

Please send the completed form to:
St. Thomas – Elgin Social Housing Services
423 Talbot Street
St. Thomas, ON. N5P 1C1
Phone : 519-631-9350
Fax : 519-637-4250