

Directive

Directive: Modified Units

Issue Date:		Directive No.:	2014-08
Revision Date:	N/A	Revision No.:	N/A

Applicable Policy:

Type: Legislative/Operational

The policies and procedures in this Directive are to be implemented by Housing Providers/Cooperatives funded by the Municipality under the following programs and are provided for information purposes for all other Housing Providers/Cooperatives.

Provincial Non-Profit Housing Providers

- | | |
|---|--|
| ☒ Gananoque Family Housing | ☒ Gananoque Housing Inc. |
| ☒ Legion Village 96 Seniors Residence | ☒ Twp. of Bastard & South Burgess Housing Corp. |
| ☒ Brockville Municipal Non-Profit Housing Corp. | ☒ South Crosby Non-Profit Housing Corp. – Pineview |

Federal Non-Profit Housing Providers

- | | |
|---|--|
| ☐ Athens & District Non-Profit Housing Providers | ☐ Marguerita Residence Corp. |
| ☐ Gananoque Housing Inc. | ☒ South Crosby Non-Profit Housing Corp. – Rideau Lakes |

Federal/Provincial Cooperative Housing

- ☒ Shepherds Green Cooperative Homes Inc.

Housing Providers

- | | |
|---|---|
| ☒ Human Services – Housing Department | ☒ Rent Supplement Program |
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BACKGROUND

In 2005 the United Counties of Leeds and Grenville completed a Facility Accessibility Review of their housing sites with the intent of responding to the needs of tenants, while respecting the dignity of persons with disabilities, maximizing their integration, and promoting full participation in society. Further the Social Housing Accessibility Needs Report prepared in May 2012 examined the changing demographics of Leeds and Grenville and recognized that the rate of the aging population in Leeds and Grenville is growing faster than the aging population rate for the entire population of Ontario. The rate of disability in Leeds and Grenville is also increasing at a faster rate. Therefore it is critical to improve access to, and make more efficient use of the modified and partially modified units available in the social housing portfolio of Leeds and Grenville.

The Modified Units policy has been introduced to improve access to and make efficient use of modified and partially modified units available in the portfolio of social housing providers in Leeds and Grenville. The intent is to fill vacancies of modified units with persons requiring the specific modifications to accommodate their disability.

Provincial non-profit and co-operative housing administrators shall adhere to the Modified Units policy. Federal non-profit providers are strongly encouraged to adopt this policy or a similar policy, if one is not already in place, to improve access for applicants and tenants with disabilities and make more efficient use of the modified and partially modified units that are available.

The policy and Verification of Disability or Medical Condition are enclosed for reference. These documents can be made available in electronic format upon request.

Modified Units Policy
Verification of Disability or Medical Condition Form

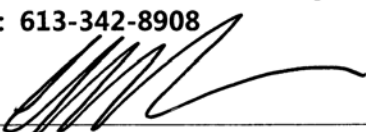
If you have any questions, please contact the following:

Chris Morrison, Manager, Housing Department

Phone: 613-342-3840 ext. 2328

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Chris Morrison, Manager
Housing Department

October 15, 2014

Date

Policy:

Modified Units
Human Services Division
Housing Department

Legislative Authority:

Housing Services Act, 2011 s. 38, 39, 59 – 64
O. Reg. 367/11 s. 68-71, 74-77

Policy No.: **HDPOL17**

Replacing Policy No.: **n/a**

Issue Date: **October 16, 2014**

Revision Date:

Page 1 of 3

Background:

The *Housing Services Act, 2011* prescribes rules for special needs eligibility and household selection to fill vacant units that have accessibility modifications. The United Counties of Leeds and Grenville has fully and partially modified apartment units, and single family homes. In May 2012, a Social Housing Accessibility Needs report was written. Research examined the changing demographics of Leeds and Grenville and the report indicates an aging population giving rise to an increased rate of disability. With an aging population in Leeds and Grenville growing at a faster rate than the aging population in all of Ontario, the rate of disability in Leeds Grenville is also increasing. Therefore, it is critical to effectively utilize the modified and partially modified units available in the social housing portfolio of Leeds Grenville.

Policy Statement:

This policy is intended to ensure that applicants and tenants with disabilities have fair and equitable access to modified and partially modified units within Leeds Grenville. Vacant modified units will be offered to eligible applicant households with a verified disability or medical condition requiring the modifications of the vacant unit. Information about the application process for rent-geared-to-income and affordable housing and buildings/locations that include modified units in Leeds Grenville is available on the Counties website and in the Social Housing in Leeds and Grenville brochure.

Definitions:

Accessible unit means barrier-free access to the unit from outside of the building/unit.

Modified unit means a unit that has been modified so as to be accessible to an individual with a physical disability or so as to allow an individual with a physical disability to live independently. Specific modifications in a unit must be identified so that applicants requesting a modified unit can be matched to a unit that meets their specified need(s). A modified unit will include one or more of the following features: strobe lights, interior of unit is accessible to a person confined to a wheel-chair (e.g. wider doorways), lowered counters, lowered light switches, front stove controls, roll-under sinks, or roll-in shower.

Policy:

Modified Units
Housing Department

Policy No.:	HDPOL17	Issue Date:	October 16, 2014	Revision Date:	
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Page 2 of 3

Special Needs Housing means housing intended for use by a household with one or more members who require accessibility modifications or provincially funded services in order to live independently in the community.

Criteria:

1. Applicants or tenants requesting a modified unit must submit a completed Application for Subsidized Housing or Request for Internal Transfer and identify health factors that may determine the size and type of unit the household is eligible for. A Verification of Disability or Medical Condition (Appendix A) validating the member's disability and identifying required modifications must be completed by a regulated health practitioner and submitted in support of the application. Use of a scooter, walker or wheelchair does not automatically qualify a household for a modified unit. At least one member of the household must be restricted to a wheelchair for mobility. In other words, the member is unable to move independently for any reasonable distance without the aid of a wheelchair.
 2. In-situ tenants requesting a transfer to a modified unit must meet the eligibility criteria of the housing provider's internal transfer policy. The housing provider may determine whether it is more efficient to modify the unit currently occupied by the tenant, or to transfer the household to an existing modified unit.
 3. Applicants or tenants will be placed on the waiting list/internal transfer list for the size and type of unit for which they are eligible, based on the preferred locations selected on the Building Selection form included with the Application for Subsidized Housing or submitted with the Request for Internal Transfer.
 4. If there is no waiting list for a vacant modified unit, or the waiting list for a modified unit for that building/location has been exhausted, the unit will next be offered to applicants requiring the same size and type of modified unit on other waiting lists. Refusal of offer by an applicant that did not select the building/location as a preferred location will not count as a refusal in Coordinated Access.
 5. If no applicants waiting for accommodations accept the vacant unit, contact may be made with agencies that serve disabled clients who may require the size and type of modified unit that is currently vacant. These clients must submit a completed Application for Subsidized Housing, a Verification of Disability or Medical Condition, and be determined eligible for rent-geared-to-income assistance and a modified unit.
 6. If an offer is not accepted by an eligible household requiring a modified unit and the unit is vacant for three months or more, the unit may be offered to applicants not requiring the
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Policy:

Modified Units
Housing Department

Policy No.:	HDPOL17	Issue Date:	October 16, 2014	Revision Date:	
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Page 3 of 3

modifications. Refusals by applicants who do not require the modifications shall not be counted as a refusal in Coordinated Access.

- During the annual (periodic) review process, it shall be verified that the household still requires the modified unit.

Reviewed and Approved By:



Chris Morrison, Manager
Housing Department

October 15, 2014

Date



Alison Tutak, Director
Human Services Division

Oct. 15/2014

Date

Appendices

Appendix A..... Verification of Disability or Medical Condition



Verification of Disability or Medical Condition

Applicant/Tenant Name: _____ Date of Birth: _____
(mm/dd/yyyy)

Consent to Release Medical Information

I hereby authorize my physician _____ to release and clarify the following medical and related information requested in this Verification of Disability or Medical Condition, to the United Counties of Leeds and Grenville (Leeds Grenville), Human Services Division. I understand that such information will be used to verify my request for specific housing accommodation to address my medical condition. The use and disclosure by Leeds Grenville of the personal health information will be subject to the *Housing Services Act, 2011*, the *Health Information Protection Act* as applicable, and the *Municipal Freedom of Information and Protection of Privacy Act*.

Applicant/Tenant Signature

Date (mm/dd/yyyy)

IMPORTANT NOTICE TO THE PHYSICIAN

The person named herein as applicant/tenant has applied for a modified/partially modified unit or an additional bedroom for medical reasons. The information you provide will assist us in assessing the application and the applicant tenant’s ability to live independently. This information is to be used in connection with the applicanttenant’s request for:

- ☐ a transfer to a ground floor unit;
- ☐ a transfer to another building/unit;
- ☐ a modified unit;
- ☐ an additional bedroom for medical reasons;
- ☐ absence from the unit for more than 90 days due to medical reasons.

Please be specific in your evaluation, as the information you provide will assist us in determining eligibility and suitability of accommodations to meet the applicant/tenant’s needs. Please complete and sign this report and return it to the applicant/tenant.

MEDICAL INFORMATION

1. Specify the disability/health issue(s) that requires accommodation(s):

	Yes	No
2. Is the specific health issue(s) identified above permanent?	☐	☐
a) If yes, explain how these specific health issue(s) can be improved by more suitable housing and what is required to make the housing suitable?		
b) If no, how long would you anticipate the health issue(s) to impact on the ability of the applicant/tenant to live independently in their current accommodations?		

3. Does the applicant/tenant have any specific housing requirements? Please identify below:					
	Yes	No		Yes	No
Wheelchair accessible?	☐	☐	Lowered cabinets?	☐	☐
Lowered counters?	☐	☐	Front stove controls?	☐	☐
Roll-in shower?	☐	☐	Strobe lights?	☐	☐
Roll-under sinks?	☐	☐	Unable to do stairs?	☐	☐
Lowered light switches?	☐	☐	Other (Specify):	☐	☐

Verification of Disability or Medical Condition

	Yes	Yes, with assistance*	No
4. In your medical opinion is the applicant/tenant able to live independently? <i>*If with assistance, please identify the assistance required and who will provide same.</i>	☐	☐	☐

	Yes	No
5. Is an additional bedroom required for the storage of equipment/medical supplies? <i>If yes, please explain:</i>	☐	☐

	Yes	No
6. Does applicant/tenant require a separate bedroom from spouse/partner due to a diagnosed medical condition? <i>If yes, please explain:</i>	☐	☐

7. Please provide any additional information that might be helpful:

PLEASE PROVIDE DOCTOR'S STAMP

Physician's Signature:	_____	Date:	_____
			(mm/dd/yyyy)
Name:	_____		
Address:	_____		
Postal Code:	_____	Phone Number:	_____

FOR OFFICE USE ONLY			
Approved By:	_____	Date:	_____
	Case Manager's Name		(mm/dd/yyyy)