Community and Social Services Division
Housing Department

# 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), Community and Social Services Division. I understand that such information will be used to verify my request for specific housing accommodation to address my disability or medical condition. The use and disclosure of the personal health information by Leeds Grenville is 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, an additional bedroom for medical reasons, or an accommodation. 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 applicant/tenant'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;
- ☐ an accommodation due to a disability.

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 for submission to his/ her Housing Case Manager.

## MEDICAL INFORMATION

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

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| | 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): | ☐ | ☐ |

Other:

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

| | Yes | No |
|---|---|---|
| 4. (b) Is a caregiver required between the hours of 11 p.m. and 7 a.m. on an ongoing basis? | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| 5. Is an additional bedroom required for the storage of equipment/medical supplies? *If yes, please* explain: **Note:** Medical equipment does not include a scooter, a sleep apnea machine or exercise equipment. | ☐ | ☐ |
| | | |

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

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

## *PLEASE INCLUDE THE 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)**