



Request for a Modified Unit with Verification of Disability or Medical Condition

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NOTE: Applicants requesting a modified unit must be eligible for Rent-Geared-to-Income (RGI) Assistance. If you have not done so, please complete an Application for RGI Assistance Form Part “A” which can be obtained from the Social Housing Registry Program.

Applicant:

Surname: _____ Given Name: _____ Date of Birth: _____

Co-Applicant:

Surname: _____ Given Name: _____ Date of Birth: _____

Address: Number: _____ Street: _____ Apartment Number: _____

City or Town: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Email Address: _____

INSTRUCTIONS

Please complete and sign this request form. The information you provide will be used in connection with your request for an additional bedroom due to a disability or medical condition(s).

The “Verification of Disability or Medical Condition” form on page 4 must be completed and signed by:

- A physician licensed to practice in Ontario: or
- An Occupational Therapist or Physiotherapist, regulated under the *Regulated Health Professions Act, 1991* and in good standing with their regulatory body and hold a current registration number.

Before taking this form to your Health Care Professional, the “Consent to Release Medical Information” on page 3 must be signed by the household member requesting the additional bedroom who is 16 years old or older or by a person authorized to sign on behalf of that household member.

You are responsible to pay any fee charged by the qualified person for completion of the verification form.

Note: Modified units will vary by housing provider and have different degrees of modifications and accessibility. You may ask the Social Housing Registry Program to see the Guide to Modified Units or you may view on-line at <https://www.cityofkingston.ca/residents/community-services/housing/social>

Please complete the following:

1. Please indicate the medical disability for which you require the modified unit.

2. Please indicate unit modifications you require in order to consider residing in a unit.
(for example: lowered counter tops, roll-in showers and widened doorways).

Modifications: Please select the checkbox beside the required modification type:

Wheelchair adjusted heights

Accessible control devices (lowered switches and outlets)

Wheelchair accessible path and doors

Accessible shelves/countertops

(customized kitchen and bathroom for wheelchair)

Roll in shower

3. How many bedrooms does your household require to accommodate your disability?

4. Please indicate the housing projects and or addresses at which you prefer to live on the "List of Housing Locations" form. For details regarding the types of unit modifications, please review the Guide to Modified Units. Both the form and the guide can be found on the Social Housing Registry Program website at: <http://www.cityofkingston.ca/residents/community-services/housing/social> or from The Registry.

Consent to Release Medical Information

I/am We/are requesting a modified unit due to disability and/or medical condition.

I/We understand that this information will be used for the purpose of verifying my eligibility for a modified unit under the *Housing Services Act, 2011*. I/We fully understand the nature and purpose of this consent and give my/our consent and authorization voluntarily.

I/We hereby authorize: (Print the Name of the Health Care Professional)

to disclose to the Social Housing Registry Program the medical and related information requested in the attached "Verification of Disability or Medical Condition" form on page 4.

Dated the _____ day of _____ year _____

Signature of member of household: _____

Signature of member of household: _____

Notice with Respect to the Collection of Personal Information

Personal information contained as defined by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, including (but not limited to), names, addresses and phone numbers, in this form or in attachments is collected by the Social Housing Registry Program pursuant to the *Housing Services Act, 2011*, *Personal Health Information Protection Act, 2004* as applicable, and will be used only for the purpose of evaluating the households eligibility for a modified unit due to disability or medical condition under local occupancy standards, *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 c. F31) or the *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 C.m.56), pursuant to the *Provincial/Municipal Freedom of Information and Protection of Privacy Act*. I give my consent: To disclose the information given on this form to non-profit housing corporations, co-operatives, municipal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed in this application.

Questions about this collection should be directed to the Manager of Social Housing Registry Program: 362 Montreal Street, Kingston, ON K7K 3H5

This form can be returned to:

Social Housing Registry Program
362 Montreal Street
Kingston, Ontario K7K 3H5
Telephone: 613-546-2695

Verification of Disability or Medical Condition

(This is to be completed by the Health Care Professional)

For further information - Please contact: or further information - Please contact:

City of Kingston
Housing Department
Social Housing Registry Program
362 Montreal Street
Kingston, ON K7K 3H5
613-546-2695

Important message to the Health Care Professional:

Please complete and sign this form and return it to your patient/client, or mail or fax it to the Social Housing Registry Program at the address/number provided.

The Applicant listed below is requesting a modified housing unit to assist them due to a disability or medical condition. The information you provide is to be used to determine eligibility for a modified unit to assist your patient/client. Applicants must be able to live independently. Details on types of unit modifications and locations of housing units are available at <https://www.cityofkingston.ca/residents/community-services/housing/social> under Public Information or by contacting The Registry at 613-546-2695.

Your patient/client is solely responsible for any payment related to the completion of this form.

Applicant Information: (Please Print)

Surname: _____ Given Name: _____

Date of Birth: _____

1. Please describe the nature of this patient's/client's disability or medical condition or conditions, as it relates to the request for a modified housing unit.

2. Does your patient/client use or require a wheelchair? YES NO

3. What other devices does your patient/client use? i.e. Scooter, Walker

4. Is the disability or medical condition continuous? YES NO

5. Does your patient/client require an additional bedroom to accommodate their physical/medical needs? Please explain:

6. Additional Comments: Please describe if or how a modified housing unit, if allocated, will assist or relieve the medical condition of your patient/client or their family.

7. What unit modifications do you feel would assist this patient/client?

Modifications: Please select the checkbox beside the required modification type:

Wheelchair adjusted heights

Accessible control devices (lowered switches and outlets)

Wheelchair accessible path and doors

Accessible shelves/countertops

(Customized kitchen and bathroom for wheelchair)

Roll in shower

Note to Health Care Professional: You may be contacted for further details or to confirm the information contained herein

Signature of Health Care Professional: _____ Date: _____

Name (Please Print): _____ Profession: _____

Agency/Organization: _____ Address: _____

Telephone Number: _____ City/Town: _____

Postal Code: _____ Fax Number: _____

Please return this verification form to the patient/client as part of his or her request for a modified unit or mail/send/fax to the City of Kingston, Social Housing Registry Program, 362 Montreal Street, Kingston, ON K7K 3H5, Fax number 613-546-2623. Should you have any question please call 613-546-2695

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