

## Overnight Caregiver Verification not affiliated with an Agency

Client Name (First Name, Last Name)	Application Number
Client Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	

### 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 an overnight caregiver who provides full-time support services needed because of a household member's disability or medical condition.

When a household requests an extra bedroom for a caregiver, Housing Connections will determine if the household qualifies under the Local Occupancy Standards. When offered RGI housing the Housing Provider (the RGI Administrator) may ask for new information to verify that the household still qualifies for the extra bedroom.

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 Housing Connections of the personal information in this report will be subject to

- The Housing Services Act, 2011, and
- In the case of the City of Toronto, the Municipal Freedom of Information and Protection of Privacy Act.

### Section 1: Caregiver Information To be completed by Caregiver

Caregiver Name (First Name, Last Name)	Caregiver Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No I provide full time overnight care to the client listed above.	
<input type="checkbox"/> Yes <input type="checkbox"/> No The care I provide enables this client to live independently at the address listed above.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I live at this address solely for the purpose of providing care to the client named above.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I am currently required, under arrangement with Citizenship and Immigration Canada, to live with a person who requires care. If yes, attach documentation from Citizenship and Immigration Canada.	

## Caregiver Verification

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#### Section 2: Caregiver Address Verification

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The address given above is my permanent address. I understand that my income is part of the household's income for Rent Geared to Income purposes.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The address given above is <b>not</b> my permanent address. Provide permanent address below. Proof of address (lease or letter from landlord) must be attached.
Caregiver Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)		
Caregiver Telephone Number		Caregiver Cell Phone Number

#### Section 3: Caregiver Authorization

I certify, that the information I have provided is true and correct to the best of my knowledge.	
Caregiver Signature	Date (yyyy-mm-dd)

**Return completed form to:**

Access to Housing  
176 Elm Street  
Toronto ON  
M5T 3M4

Shelter, Support & Housing Administration collects the personal information on this form under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s.136(c) and the Housing Services Act, 2011, S.O. 2011, c. 6, Schedule 1, ss 13 and 46. The information is used to determine the eligibility for an extra bedroom due to a medical reason under the Local Occupancy Standards. Questions about this collection can be directed to Project Manager, Access to Housing (Housing Connections) 176 Elm Street, Toronto Ontario M5T 3M4 or by telephone at 416-397-7400.