



Overnight Caregiver Verification with a Home Care Agency

Client Name (First, Last)	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: Home Care Agency Information Must be completed by an agency representative.

Agency Name	
Agency Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	
Agency Representative Name (First, Last)	Position Title
Telephone Number	Mobile Number

Home Care Agency Verification

Section 2: Home Care Verification Must be signed by an agency representative.

<input type="checkbox"/> Yes <input type="checkbox"/> No I certify that my agency provides full-time overnight care to the client listed above.	
<input type="checkbox"/> Yes <input type="checkbox"/> No The care my agency provides enables this client to live independently at the address listed above.	
Agency Representative 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, Ch. 11, Schedule A, s.136(c) and the Housing Services Act, 2011, S.O. 2011, c. 6, Schedule 1, ss 13, 46. The information is used to verify the need for an additional bedroom for medical purposes. Questions about this collection can be directed to Project Manager, Access to Housing, 176 Elm Street, Toronto Ontario M5T 3M4 or by telephone at 416 397 7400.