

Medical Request for Modified Unit

Section 1: Main Applicant Information (Please Print)			
Main Applicant First Name		Main Applicant Last Name	
Telephone Number		Application Code	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code

Section 2: Patient Consent (Please Print)	
(If the Patient is less than 16 years of age, a parent or guardian must complete and sign this section)	
I understand that Access to Housing requires the requested information to determine my eligibility for a modified unit. I authorize my physician to release the information requested on this form to Access to Housing, and I consent to Access to Housing using, verifying, and retaining this information on my housing file.	
Patient or Parent /Guardian Name (First, Last - if different from Main Applicant)	
Patient or Parent/Guardian Signature	Date (yyyy-mm-dd)

Important Note to Applicants and Health Care Providers and their Patients

Households applying for a modified unit must first have an eligible application on the Centralized Wait List for (RGI) Rent Geared to Income Housing. Visit www.toronto.ca/accesstohousing to apply for RGI Housing.

Modified units may have:

- Widened doorways and hall space, roll-in showers, grab bars, modified kitchen appliances, lowered counters and increased size of bathroom for turning radius to accommodate residents who are confined to a wheelchair.
- Units may have varying degrees of modifications and accessibility depending on the housing provider.
- Accessible buildings are defined by grade level access to accommodate scooters, walkers, or wheelchairs. Scooters or walkers (as defined in the Housing Services Act, 2011) do not qualify an applicant for a modified unit.

Activities of daily living are considered to be everyday functions and activities individuals normally perform. This includes bathing, eating, dressing, ambulation and toileting.

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Section 3: Description of Need for Modified Unit

(To be completed by Physician/Health Care Provider)

Patient's Name (First, Last - if different from Main Applicant)
How many years has this patient been under your care?
What type of mobility device is used by the patient? Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Other:
Does the patient require the use of a mobility device on a Permanent <input type="checkbox"/> or Temporary <input type="checkbox"/> basis?
How long is the patient expected to require the use of the mobility device if used on a temporary basis?
Is your patient able to manage daily activities without assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these supports/services currently in place? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4: Physician/Health Care Provider Verification

I certify that this information represents my best professional judgement and is true and correct to the best of my knowledge.	
First Name (Print)	Last Name (Print)
Telephone Number	Signature
Date (yyyy-mm-dd)	

Physician's Stamp

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Completed form is to be uploaded through the MyAccessToHousingTO applicant portal.

Shelter, Support and Housing Administration collects personal information on this form under the legal authority of the Housing Services Act, 2011, section 60 and Ontario Regulation 367/11, General, section 76(1). [The information is used to determine the eligibility for a modified unit due to a medical reason. 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 416-338-8888.