TORONTO

Application

# Request for Terminally Ill Priority

## Section 1: Main Applicant and Patient Information

| Main Applicant (First Name, Last Name) | Applicant Code |
|---|---|
| Main Applicant Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code) | |
| Main Applicant Telephone Number | Main Applicant Mobile Number |
| Patient Name (First, Last) | Relationship to Main Applicant |

## Section 2: Patient Consent and Release (To be completed by the Patient)

I understand that Access to Housing requires the requested personal health information to determine my eligibility for Terminally Ill priority status. I authorize my physician to release the information requested on this form to Access to Housing and I consent to Access to Housing to use, verify and retain this information on my housing application.

| Patient or Parent /Guardian Name (First, Last - if different from Main Applicant) | |
|---|---|
| Patient/Guardian Signature (if under 16 years old) | Date (yyyy-mm-dd) |

## Section 3A: Physician Information (To be completed by Physician)

**Important note to physicians:** Your patient is requesting a priority status for Rent Geared-to-Income housing in Toronto which is specifically reserved for applicants who have less than two years to live. Access to Housing requires medical confirmation and verification of the diagnosis and life expectancy. Please print, use plain language and avoid abbreviations or acronyms when completing this form.

| Physician (First Name, Last Name) | Physician Telephone Number |
|---|---|
| Physician Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code) | |

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| How long has the named patient been under your care? |
|---|

**Section 3B: Confirmation of Terminal Illness** (To be completed by Physician)

| Diagnosis of illness or medical condition. Include information/documentation to support prognosis: |
|---|
| Patient's life expectancy: ☐ Less than two (2) years ☐ More than two (2) years |

**Section 3C: Medical Verification of Unit Type and Size Requirements**

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|---|
| Indicate if Patient requires the use of a mobility device on a ☐ Permanent ☐ Part Time or Temporary basis? ☐ |
| ☐ Yes ☐ No Does your Patient require modifications to their accommodation to manage the activities of daily living? If **Yes**, please identify the required modifications. |
| ☐ Yes ☐ No Does your Patient's illness or medical condition require him or her to have a separate bedroom to store and/or operate medical equipment? If **Yes**, list the medical equipment required. |
| If **Yes**, a completed Request for Additional Bedroom form must be included with this application. |
| ☐ Yes ☐ No Does your patient's illness or medical condition require him/her to have a separate bedroom for a caregiver who is not a member of the household? |
| If **Yes**, the Caregiver Verification or Care Agency Verification section of the Request for Additional Bedroom form must be completed and included with this application. |
| ☐ Yes ☐ No Is your patient able to manage the activities of daily living without assistance? If **No**, list the type of supports your patient requires. |
| ☐ Yes ☐ No Are the above listed supports in place? |

# Request for Terminally Ill Priority

## Section 4: Physician Authorization

| | |
|---|---|
| I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge. | |
| Physician (First Name, Last Name) | |
| Physician Signature | Date (yyyy-mm-dd) |

**Physician's Stamp**

**Upload the completed form to the MyAccesstoHousingTO applicant portal.**

Shelter, Support & Housing Administration collects personal information on this form under the legal authority of the Housing Services Act, 2011, sections 13 and 48. The information is used to apply for priority on the waiting list for Rent Geared-To-Income housing for terminally ill individuals. 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.