

Request for Priority for Terminally Ill

Section 1: Main Applicant/Patient Information

Main Applicant (First Name, Last Name)	Application Number
Main Applicant Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	
Main Applicant Telephone Number	Main Applicant Cell Phone Number
Patient Name (First, Last-if different from the Main Applicant)	Relationship to Main Applicant

Section 2: Applicant/Patient Consent and Release To be completed by the Patient.

I understand that Housing Connections requires the requested personal health information to determine my eligibility for priority for the Terminally Ill. 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 (First Name, Last Name)	
Patient/Guardian (if under 16 yrs old) Signature	Date (yyyy-mm-dd)

Section 3: Physician Information To be completed by Physician

Important note to physicians: Your patient is requesting priority 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)	
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: <input type="checkbox"/> Less than two (2) years <input type="checkbox"/> More than two (2) years

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Section 3C: Medical Verification of unit type and size requirements

Indicate if Patient requires the use of a Wheelchair <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not applicable	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Patient require modifications to their accommodation to manage the activities of daily living? If Yes , please identify the required modifications.
If Yes , a request for a Modified Unit form must be included with this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 request for an Additional Bedroom form must be included with this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 , an overnight Caregiver Verification form must be included with this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your patient able to manage the activities of daily living without assistance? If No , list the type of supports your patient requires.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are these supports in place?

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)

Return completed application 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 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 416-397-7400.