

Medical Request for Additional Bedroom

PART A: TO BE COMPLETED BY ALL APPLICANTS AND THEIR PHYSICIAN OR OTHER HEALTHCARE PROFESSIONAL

Section 1: Applicant Information

Household Main Applicant First Name	Household Main Applicant Last Name
Telephone Number	Applicant Code
Patient First Name	Patient Last Name

Section 2: Patient Consent

(if the Patient is under 16 years of age, a parent or guardian must complete and sign this section)

I consent to the disclosure of my personal health information by my physician or other health care professional to Access to Housing for the purposes identified on this form.	
Patient or Parent/Guardian First Name	Patient or Parent/Guardian Last Name
Patient or Parent/Guardian Signature	Date (yyyy-mm-dd)
Healthcare Professional Name (First, Last)	Health Care Professional Telephone Number
Healthcare Professional Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	

Important note to healthcare professional and their patient

Households applying for an additional bedroom unit must first have an eligible application on the Centralized Waiting List for Rent-Geared-to-Income (RGI) housing. You can apply for RGI housing by visiting www.toronto.ca/accesstohousing.

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The City of Toronto has established local occupancy standards for RGI housing. These standards permit a household to qualify for an additional bedroom if:

1. A spouse who would normally share a bedroom requires a separate bedroom because of a disability or medical condition. Spouses will not normally qualify for an additional bedroom unless a second bed cannot be accommodated within a shared bedroom. A household will not qualify for an additional bedroom based on a snoring condition alone.
2. A room is required to store equipment that a member of the household needs because of a permanent disability or medical condition, and the equipment is too large to be reasonably accommodated in a unit size for which the household would normally qualify.

The following equipment will not normally qualify a household for an additional bedroom:

- Continuous positive airway pressure (CPAP) machines
- Air filtration systems
- Vaporizers or humidifiers
- Walkers, wheelchairs or scooters
- Massage tables
- Exercise equipment

3. A room is required for an individual who provides full-time overnight support services to a member of the household.

Note: When a household requests an additional bedroom for a medical reason, the RGI Administrator must determine if the household qualifies under the Local Occupancy Standards. From time to time, the RGI Administrator may ask for new information to verify that the household still qualifies for the additional bedroom.

Section 3: Description of need for additional bedroom (To be completed by Healthcare Professional)

How many years has this patient been under your care?
Why does this person with this medical condition or disability need an additional bedroom?
What is the expected duration of the need for the additional bedroom?
No <input type="checkbox"/> Yes <input type="checkbox"/> Is the room requested to store medical equipment?
What is the medical equipment to be stored?

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Section 4: Additional bedroom for a full-time overnight caregiver

Note: Caregiver verification will also be required. Continue to Part B or C

Yes No Does your patient require a full-time overnight caregiver?

What is the expected duration of their need for an overnight caregiver?

Healthcare Professional Verification

Healthcare Professional Name (First, Last)	Signature	Date (yyyy-mm-dd)
Physician's Stamp (if applicable)		

Part B: Additional Bedroom for Caregiver not affiliated with Home Care Agency

Section 1: Main Applicant Information

Main Applicant Name (First, Last)	Applicant Code
Applicant 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 additional 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 additional bedroom for a caregiver, Access to Housing 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 additional bedroom.

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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 used for the purpose of evaluating compliance with the Local Occupancy Standards. The use and disclosure by Access to Housing of the personal information in this report will be subject to:

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

Section 2: Caregiver Information To be completed by Caregiver

Caregiver Name (First, Last)	Caregiver Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No I provide full time overnight care to the applicant listed above.	
<input type="checkbox"/> Yes <input type="checkbox"/> No The care I provide enables this applicant 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 applicant 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.	

Part C: Additional Bedroom Verification for Caregiver Affiliated with Home Care Agency

Section 1: Main Applicant Information

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

Section 2: Home Care Agency Information Must be completed by an agency representative with binding authority.

Agency Name
Agency Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)

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Agency Representative Name (First, Last)	Position Title
Telephone Number	Mobile Number

Section 3: 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 applicant listed above.	
<input type="checkbox"/> Yes <input type="checkbox"/> No The care my agency provides enables this applicant to live independently at the address listed above.	
Agency Representative Name (First, Last - print)	Position/title
Agency Representative Signature	Date (yyyy-mm-dd)

Upload the completed form to 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 46 and Ontario Regulation 367/11, General, section 42(1)1. 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 (Housing Connections), 176 Elm Street, Toronto, Ontario, M5T 3M4 or by telephone at 416-338-8888.