## Instructions

The City of Toronto has established Local Occupancy Standards for Rent-Geared-to-Income (RGI) housing. These Standards permit a household to have an extra bedroom for a full-time, overnight caregiver who provides support services needed because of a household member’s disability or medical condition.

This form is required for RGI households who wish to request an additional bedroom, beyond what is permitted by the City's Local Occupancy Standards, for medical reasons and require a full-time overnight caregiver who is affiliated with a home care agency.

When a household requests an extra bedroom for a caregiver, the housing provider must determine if the household qualifies under the Local Occupancy Standards. From time to time, the housing provider may ask for new information to verify that the household still qualifies for the extra bedroom.

## Purpose of Collection

<Housing provider> collects the personal information on this form under the legal authority of the *Housing Services Act, 2011, S.O. 2011, c. 6, Schedule 1, sections 42-67*.

The personal information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom due to a medical reason under the City of Toronto's Local Occupancy Standards under the *Housing Services Act, 2011* (HSA). This personal information may also be disclosed to the City of Toronto, solely for the purpose of evaluating compliance with the Local Occupancy Standards. Additionally, the information may be shared as necessary for the purpose of making decisions or verifying eligibility under the HSA, the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997* or the *Child Care and Early Years Act, 2014.* The use and disclosure of the personal information in this form 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*

Questions about the collection, use and disclosure of this information can be directed to <name of privacy officer for housing provider including name, address and phone number>.

**Please return this completed form by Mail or Drop off in person to:**

<Insert name and address of housing provider>

## Section 1: Information for Client receiving care

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| --- |
| Client Name (First, Last) |
| Client 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)

|  |  |
| --- | --- |
| 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 |

## Section 3: Home Care Agency Confirmation (must be signed by an agency representative)

|  |  |
| --- | --- |
| I confirm that my agency provides full-time overnight care to the client listed above.   * Yes * No | |
| The care my agency provides enables this client to live independently at the address given above.   * Yes * No | |
| Agency Representative Signature | Date (yyyy-mm-dd) |