## Instructions

The City of Toronto RGI program rules state that every individual accepted for occupancy is considered a member of the household for the purpose of determining RGI rent, unless the household has been approved to have an overnight caregiver or a guest as defined in <Housing provider>’s guest policy.

**This form must be completed by an RGI household who is requesting to have an individual who is affiliated with a home care agency be permitted to stay in their RGI unit as an overnight caregiver. You are required to complete this form even if you are not requesting an additional bedroom for the caregiver.**

However, if you do wish to request an extra bedroom for a caregiver, <Housing provider> must determine if the household qualifies under the Local Occupancy Standards. From time to time, <Housing provider> may ask for updated 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 maybe be disclosed to the City of Toronto and will be used solely for the purpose of:

1. Evaluating the household's eligibility for having an overnight caregiver who is not a member of the RGI household; and
2. Where applicable, 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).

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>

# Request for Overnight Caregiver Form – Affiliated with a Home Care Agency

## Section 1: Information for Client receiving care

|  |
| --- |
| 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) |