Niagara Region

Accessible Unit Request

Mailing Address:

Niagara Region
Housing Services
1815 Sir Isaac Brock Way PO Box 344
Thorold, ON L2V 4T7
niagararegion.ca

905-980-6000
Toll free: 1-877-263-7215
Fax: 905-935-0476
Email: housing@niagararegion.ca
Please complete and return this form.

Important Note To Physicians

Your patient is requesting an accessible unit in rent-geared-to-income housing.

Several units have been modified with features for people with physical disabilities to use. Accessible units have varying degrees of modifications and vary by housing provider. Some may have roll-in showers, lowered counters, roll-under sinks, lowered light switches, front stove controls, lowered cabinets, barrier-free bathroom, etc.

The use of a scooter or walker does not necessarily qualify a person for an accessible unit.

Applicant Contact Information

First name: Last name:

Address:

City/Town: Postal code:

Check all that apply

Does the patient need any of the following changes to their accommodation to manage regular activities of daily living (bathing, eating, dressing, toileting, etc.)? Check all that apply:

Exterior

- ◯ Automatic door opener
- ◯ Barrier-free access to the building/unit/ front entrance

General unit

- ◯ Barrier-free access into the unit and throughout the unit
- ◯ Lowered light switches/raised outlets

Kitchen

- ◯ Lowered counters/accessible cupboards/shelves
- ◯ Knee space under sinks

Bathroom

- ◯ Barrier-free roll in shower
- ◯ Lowered sink/counter
- ◯ Knee space under sink

Physician's release

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Physician's name (printed):

Physician's signature:

Phone: Date (mm/dd/yyyy):

Consent and Release From Applicant

I understand that Niagara Region Housing Services requires the requested personal health information to determine my eligibility for an accessible unit.

I authorize my physician to release the information requested on this form to Niagara Region Housing Services, and I consent to Niagara Region Housing Services using, verifying and retaining this information in my housing file.

Applicant name (printed):

Applicant signature:

Date (mm/dd/yyyy):

Office Use Only

◯ Approved ◯ Denied Date (mm/dd/yyyy): Staff initials:

Any personal information or personal health information submitted will be collected, used and disclosed, where applicable, by members of Regional staff in accordance with the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act. Any information you share will be used only for the intended purpose for which it was provided.