

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	General unit
Automatic door opener	Barrier-free access into the unit and
Barrier-free access to the building/unit/	throughout the unit
front entrance	Lowered light switches/raised outlets
Kitchen	Bathroom

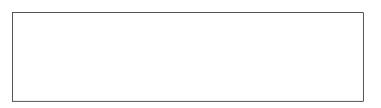
Lowered counters/accessible cupboards/shelves

Knee space under sinks

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 C	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.