

IMPORTANT INFORMATION FOR PHYSICIANS AND THEIR PATIENTS

Peel Access to Housing (PATH) does not provide support services. If support services are required for activities of daily living, those services must be in place to be eligible for subsidized housing. Activities of daily living are considered to be everyday functions and activities individuals normally perform. These include: bathing, eating, dressing, ambulation and toileting.

Your patient has applied for rent-geared-to-income (RGI) subsidized housing in the Region of Peel and is requesting to add a restriction to the type of unit/building for which they may be eligible.

In order for a restriction to be added to the PATH file, medical documentation must support the patient's request. The restriction will only be granted if the patient's medical condition requires it. While on the PATH waiting list, the medical restriction belongs to the individual to whom it is assigned, not the household. Restrictions due to medical conditions that are temporary in nature will not be approved.

When completing the questions on this form please use plain language, print all comments and refrain from using abbreviations or acronyms.

Note: Your patient is responsible for any payments related to the completion of this form.

Patient's Consent and Release of Information

I understand that PATH will be receiving my personal health information to determine my eligibility for a unit/building restriction.

YES NO

I authorize my physician to release the information requested on this form and I consent to PATH using, verifying and retaining this information on my subsidized housing file.

YES NO

Patient's Name (print)

PATH/Client ID Number

Patient's Address

Patient's Signature

Date (mm/dd/yyyy)

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PATIENT

1. What is the restriction due to a medical condition that you are requesting?

2. Is the above restriction currently in place where you live? YES NO

If 'NO', provide details on how you are managing:

3. Do you currently require support services? YES NO

If 'YES', please answer question 4.

4. Do you currently have support services in place to help manage your activities of daily living? YES NO

If 'YES', please list all supports/agencies currently in place:

Agency Name

Agency Contact Person

Telephone

NOTE: If support services for activities of daily living are required, contact your local community agency.



THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PHYSICIAN

Information of the person who is requesting the restriction due to a medical condition:

Patient's Name (print)

Patient's Date of Birth (mm/dd/yyyy)

1. Is this patient currently able to manage the activities of daily living without assistance? YES NO
(see page 1 for explanation of 'activities of daily living')

a) If 'NO', indicate what supports the patient requires:

- b) Are the above noted supports currently in place? YES NO

2. Does your patient require the requested restriction because of a medical condition? YES NO

If 'YES', indicate the medical condition and explain why the restriction is required:

3. Is the requested restriction to accommodate a permanent condition? YES NO
4. Is an accommodation for the requested restriction currently in place for the patient? YES NO

If 'NO' to question #4, please provide details on how the patient is currently managing:

NOTE: If support services for activities of daily living are required, please refer your patient to their local community agency.

Physician's Release of Information

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

Physician's Name (print)

Contact Number

Physician's Signature

Date (mm/dd/yyyy)

Physician's Stamp	
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Statement of Disclosure

The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for a unit/building restriction due to a medical condition and is collected under the authority of the Housing Services Act, 2011 S.O. 2011 c. 6.

In applying for a restriction, the applicant; who is in receipt of or applying for rent-geared-to-income assistance; consents to the collection, use and disclosure of the information on this form (including verification of the information) provided to Peel Access to Housing (PATH) in their application or supporting documents.

Questions about the collection, use or disclosure of personal information, should be directed to The Regional Municipality of Peel, Human Services Department, Supervisor, Document Services, 10 Peel Centre Drive, Suite B, P.O. Box 2800, STN B, Brampton, ON L6T 0E7, or by telephone at 905-791-7800, extension 3577.

