Enter date

**Caregiver Agency Information Form**

Insert name and Contact Information of Housing Provider

**Care Agency’s Verification**

Name of client receiving care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The personal information disclosed on this form will be used only for the purpose of evaluating the household’s eligibility for an additional bedroom under the Region of Peel’s Local Occupancy Standards under the *Housing Services Act, 2011*. This personal information may also be disclosed to the Region of Peel, solely for the purpose of evaluating compliance with the Region of Peel’s Occupancy Standards. The use and disclosure by the housing provider of the personal information in this report will be subject to:

* the *Housing Services Act, 2011*
* the *Health Information Protection Act* as applicable, and
* in the case of the Region of Peel, the *Municipal Freedom of Information and Protection of Privacy Act*.

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*This section is to be completed and signed by a representative of the care agency.*

Care agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care agency representative information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter date

Insert name and Contact Information of Housing Provider

**Caregiver’s Verification**

Name of client receiving care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is important to note that the caregiver cannot be a member of the household. The caregiver is aware they will not be paying rent/occupancy charge for the unit and must vacate the unit when their services are no longer required or if the tenancy/occupancy of the household is terminated. When a household requests an extra bedroom for a caregiver, the housing provider must determine if the household qualifies under the Region of Peel’s 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.

The personal information disclosed on this form will be used only for the purpose of evaluating the household’s eligibility for an additional bedroom under the Region of Peel’s Occupancy Standards under the *Housing Services Act, 2011*. This personal information may also be disclosed to the Region of Peel solely for the purpose of evaluating compliance with the Region of Peel’s Occupancy Standards. The use and disclosure by the housing provider of the personal information in this report will be subject to:

* the *Housing Services Act, 2011*
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* in the case of the Region of Peel, the *Municipal Freedom of Information and Protection of Privacy Act*.

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*Caregiver to complete and sign this section*.

Name of caregiver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I provide overnight care to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on a regular basis. The care is provided to enable my client, who is unable to live independently without care, to continue to live at the address given above.

Enter date

*Please check and complete one of the following:*

[ ] The address given above is my permanent address and I live in this household solely for the purpose of providing care to the person named above.

Are you currently required, under an arrangement with Citizenship and Immigration Canada, to live with a person requiring care? [ ]  Yes [ ]  No

[ ]  The address given above is not my permanent address. My permanent address is

*Street Number, Street Name, City, Postal Code*

Please address any questions or concerns regarding the collection, use, or disclosure of this information to:

Name of housing provider contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Caregiver’s signature*

*I certify that the information I have provided is true and correct to the best of my knowledge. I understand that the Region of Peel and/or the Housing Provider has the right to contact the agency to verify this information.*

Caregiver signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_