

**Important Information for Physicians and their Patients**

Your patient has applied for community housing under the Housing Services Act (HSA) through the Region of Peel and is requesting an additional bedroom.

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

Definitions of **activities of daily living** and **caregiver** are provided below:

- **Activities of daily living:** Everyday functions and activities individuals normally perform. These include: bathing, eating, dressing, ambulation and toileting.
- **Caregiver:** An individual qualified to provide support services to a member of the household to enable the member to live independently and has signed a contract to provide daily support care, including overnight care, for a member of the household. The qualified caregiver is not a relative, does not sign the lease or occupancy agreement and does not pay rent or occupancy charges.

The Region of Peel has set occupancy standards for community housing - (HSA).

Under the occupancy standards a household may qualify for an additional bedroom if, because of a disability or medical condition, an additional bedroom is necessary:

- for members of the household who normally would share a bedroom, for example: spouses, same-sex partners or siblings
- to facilitate the use or storage of medical equipment required due to the disability/medical condition (e.g. hospital bed, Hoyer lift, home dialysis equipment), or
- for a caregiver who will provide overnight support services to enable the patient/household member to live independently (i.e. with support the household member is still able perform activities of daily living including bathing, eating, dressing, ambulation and toileting).

**Important:** The patient will not qualify for an additional bedroom if the medical condition can be accommodated by other modifications, such as two single beds (i.e. frequent urination/bed wetting, sleep preferences/disorders including restlessness/insomnia, or chronic pain).

The following conditions and/or medical related equipment also do not qualify the patient for an additional bedroom:

- C-pap machines
- Exercise equipment
- Guest bedroom
- Walker/Scooter
- Short term condition/Not a permanent disability (i.e. recovery from surgery)
- Snoring

**Housing Client Services does not provide support services. If required, support must be in place to be eligible for subsidized housing.**

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

**Consent and Release from Patient**

I understand that Housing Client Services requires the requested personal health information to determine my eligibility for an additional bedroom.

Yes  No

I authorize my physician to release the information requested on this form to Housing Client Services, and I consent to Housing Client Services using, verifying and retaining this information on my centralized wait list file.

Yes  No

\_\_\_\_\_  
Patient's Name (printed)

\_\_\_\_\_  
Unique Key

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Patient Information**

Before completing this form please ensure that you have read the front to understand under which circumstances an applicant is granted an additional bedroom.

**NOTE:** Our privacy statement is at the end of the form.

Please print when providing the information requested below.

Patient's Name

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

Patient's Address

**THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PHYSICIAN**

**Before completing this form please ensure that you have read the front to understand under which circumstances an applicant is granted an additional bedroom.**

1. Does the patient need a separate bedroom because of a disability or medical condition?

Yes  No

a) If YES, explain why a separate bedroom is required for this disability or medical condition?

2. Is the separate bedroom needed to facilitate the use of medical equipment?

Yes  No

a) If YES, specify the type of medical equipment (e.g. hospital bed, Hoyer lift, home dialysis equipment) and why an additional bedroom is required for its use or storage?

3. Is the separate bedroom needed for an overnight caregiver?

Yes  No

**(Reminder:** The definition of a caregiver for the purpose of approving an additional bedroom for a rent-geared-to-income household is on page 1 of this application).

4. If you have answered NO to all of the above, please explain why an additional bedroom is required

**Ability to Live Independently**

**Physician to complete**

1. Is this patient currently able to live and function independently including the ability to manage the activities of daily living without assistance?

Yes  No

a) If NO, explain. What support does the patient need?

**Patient to complete (Only if the question above was answered NO)**

2. Do you have the required supports noted above in place to help manage your activities of daily living?

Yes  No

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

Agency Name

Contact

Telephone

**Note: Housing Client Services does not provide support services.**

**Physician's Release**

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

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Physician's  
stamp

## 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 medical priority and is collected under the authority of the Housing Services Act, 2011 S.O. 2011 c. 6.*

*In applying for a medical priority, 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 Housing Client Services 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.*

Housing Client Services  
10 Peel Centre Dr. Suite B, P.O. Box 2800, Brampton, ON, L6T 0E7  
Phone: 905-453-1300  
<https://peelregion.ca/housing/>