## APPENDIX 4: MEDICAL CONFIRMATION FOR AN INTERNAL TRANSFER

RELEASE BY PATIENT / PARENT / GUARDIAN:		
I (name), authorize my doctor to complete the form below. I understand that this information will be kept on my file with the non-profit.  This information is confidential.		
Signature:	Date:	
Name: (Please print)	Telephone: home:	Telephone: Work/cell:
Address:		
I presently live in a ( ) bedroom apartment. The type of housing that I am requesting is:		
TO BE COMPLETED BY PHYSICIAN AT REQUEST OF PATIENT:		
Your patient is a Victoria-Shuter tenant and has applied for a transfer to another housing unit as described above. Due to the limited availability of housing within Victoria-Shuter, priority must be assigned to tenants applying for transfers. Priority is determined in part by urgent medical problems which are made worse by a current housing situation. The information you provide to us will help us to determine if a higher priority should be assigned to this household.  Many factors can intensify pressures and problems in a patient's current housing situation. With this in mind, please		
describe below if your patient's current accommodation is adversely affecting his / her health and if a transfer to another unit would significantly improve his/her medical condition or prevent deterioration. Please also give some indication of the urgency and/or seriousness of the situation.		
Signed (Physician)	Date:	
Name: (Please print)	Telephone Number:	

Collection of this information complies with Ontario's *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, cM5) and the *Personal Information Protection and Electronic Documents Acts* (R.S.O. 1990 cF31), and is used for the sole purpose of administering your tenancy. The Privacy Officer for Victoria-Shuter is the Property Manager. Complaints or questions about the use of your personal information may be directed in writing to our office: 80 Dundas Street East, Toronto, ON M5B 2P5.