



Victoria Shuter Non-Profit Housing Corporation

80 Dundas Street East • Toronto • Ontario • M5B 2P5

T: 416-595-6430 F: 416-595-5434

APPENDIX 5: MEDICAL NEED FOR AN ADDITIONAL BEDROOM

Name of applicant _____

Applicant's address _____

Important note to doctors and their patients

The City of Toronto has established Local Occupancy Standards for rent-geared-to-income housing. These Standards permit a household to qualify for an extra bedroom if:

1. A spouse who would normally share a bedroom requires a separate bedroom because of a disability or medical condition;
2. A child who would normally share a bedroom requires a separate bedroom because of a disability or medical condition;
3. A room is required to store equipment that a member of the household needs because of a disability or medical condition; or
4. A room is required for a caregiver who provides support services needed because of a member's disability or medical condition. The caregiver cannot be a member of the household.

When a household requests an extra bedroom for a medical reason, the housing provider must determine if the household qualifies under the Local 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.

This section to be completed and signed by the patient or, if the patient is less than 16 years of age, a parent or guardian.

I consent to my doctor disclosing the personal health information requested on this form to *Victoria Shuter Non-Profit Housing Corporation* for the purposes identified on this form. I also consent to the housing provider disclosing this personal health information to the City of Toronto for the limited purposes stated above.

Signature of patient or parent /guardian _____ Date _____

This section to be completed and signed by the patient's doctor.

Doctor's Name _____
(PLEASE PRINT)

Address _____

_____ Phone _____

1. How long has this patient been under your care? _____ years
2. What is the medical condition or disability that makes it necessary for your patient to have a separate bedroom?

3. Why does a person with this medical condition or disability need a separate bedroom?

4. If a room is requested to store medical equipment, what is the medical equipment?

5. If a room is being requested for a caregiver, is your patient able to manage the activities of daily living without assistance? Yes _____ No _____

If **no**, what services does he/she require?

Does your patient require overnight care? Yes _____ No _____

If **yes**, how many nights per week? _____
6. What is the expected duration of the condition? _____

Doctor's signature

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

Signature

Date

Please address any questions or concerns regarding the collection, use, or disclosure of this information to: Helen Davies, Property Manager, 416-595-6430

The personal health information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom. This personal health information may also be disclosed to the City of Toronto Social Housing Unit, solely for the purpose of evaluating compliance with the Local Occupancy Standards. The use and disclosure by the housing provider of the personal health 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 City of Toronto, the *Municipal Freedom of Information and Protection of Privacy Act*.