



Complete and return this form one of the following ways:

By Mail
Niagara Regional Housing
P.O. Box 344
Thorold, ON L2V 3Z3
By Fax 905-935-0476

In Person
Niagara Regional Housing
Regional Admin Building
Campbell East
2201 St. David's Road, Thorold

REQUEST FOR AN ADDITIONAL BEDROOM

Patient Name _____

Your patient has applied for housing and is requesting an additional bedroom on medical grounds. In order to properly assess the request, we require the information below to be completed.

There are two circumstances under which an additional bedroom may be requested. Please review each one below and provide a letter of support outlining the nature of the medical disability or medical condition, long term prognosis for the condition or the type of equipment and the usage of such equipment linked to the criteria below.

1. A spouse or same-sex partner requires a separate bedroom because of a disability or medical condition.
 - The disability or medical condition has proven to be permanent and lack of an additional bedroom would result in extreme hardship;
 - The request is because of a serious diagnosed medical condition and not the symptom of a diagnosed medical condition; or
 - The use of required life sustaining medical equipment, which is linked to a permanent medical condition, substantially interferes with the day to day activities of another member of the household.

2. Separate bedroom for storage of medical equipment.
 - The equipment is essential to the sustenance, not the quality, of life of a member of the household and the equipment cannot be accommodated within the unit due to the size of the unit or storage space within the unit.
 - There is a significant mobility issue of a member of the household, such that more than one piece of large equipment is required for mobility purposes.

I have reviewed the above criteria and have included a letter of support as required.

Health Care Provider's Name (please print)

Health Care Provider's Signature

Date (MM/DD/YYYY)

Office Use Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____	By: _____