



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

MEDICAL REQUEST FORM FOR A MODIFIED UNIT

Before completing this form please read the back to understand under which circumstances an applicant is approved for a modified unit.

Patient Name: _____

Patient Address: _____

Please describe the patient's disability or medical condition: _____

Please answer the following questions:

1. Is the patient in a wheelchair? Yes No
If yes, is the patient in the wheelchair: Full-time Part-time
2. What is the patient's diagnosis? _____
3. Is the diagnosis Permanent Temporary
4. What modifications do you feel your patient needs? Please check all that apply:
 - barrier free access to the building and front entrance
 - barrier free access into the unit and throughout the unit
 - barrier free roll in shower
 - lowered counters/sink accessible
5. Does the patient require any other modifications to their accommodation to manage the activities of daily living? (see back for details) Yes No
If yes, explain the required modifications: _____

PHYSICIAN'S RELEASE

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

Physician's Name (printed)

Physician's Signature

Telephone

Date

Space for physician's stamp

Consent and release from patient

I understand that Niagara Regional Housing requires the requested personal health information to determine my eligibility for a modified unit.

I authorize my physician to release the information requested on this form to Niagara Regional Housing, and I consent to Niagara Regional Housing using, verifying and retaining this information in my housing file.

Patient's Name (printed)

Application Number

Patient's Signature

Date

Important note to physicians and their patients:

Your patient is requesting a modified unit in rent-geared-to-income housing.

Please note the following conditions for modified units:

The use of a scooter or walker does not necessarily qualify a patient for a modified unit.

Activities of daily living are considered to be everyday functions and activities that individuals normally perform. This includes, but is not limited to, bathing, eating, dressing, and toileting.

Modified units will vary by housing provider and have varying degrees of modifications. Some may have roll-in showers, lowered counters, roll-under sinks, lowered light switches, front stove controls, lowered cabinets, and/or a barrier free bathroom.

Office Use Only

Approved

Denied

Date: _____

By: _____

The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for a modified unit and is collected under the authority of the Social Housing Reform Act, 2000. In applying for rent-geared-to-income housing and/or the applicant's request for a modified unit, the applicant consents to the collection, use and disclosure, including verification, of the information provided to Niagara Regional Housing in their application or supporting documents.