



ACCESSIBLE UNIT REQUEST

Return form one of these ways:
Mail P.O. Box 344, Thorold, ON L2V 3Z3
Fax 905-935-0476
In Person 1815 Sir Isaac Brock Way, Thorold

Applicant Name: _____ Phone # _____

Address: _____

IMPORTANT NOTE TO PHYSICIANS

Your patient is requesting an accessible unit in rent-g geared-to-income housing.

There are a number of units that have been modified with accessibility features to accommodate people with physical disabilities. Accessible units have varying degrees of modifications and vary by housing provider. Some may have roll-in showers, lowered counters, roll-under sinks, lowered light switches, front stove controls, lowered cabinets, barrier free bathroom, etc.

The use of a scooter or walker does not necessarily qualify a person for an accessible unit.

Please complete the following:

Does the patient require any of the following modifications to their accommodation to manage regular activities of daily living (bathing, eating, dressing, toileting, etc)? Please check all that apply:

EXTERIOR

- automatic door opener
- barrier free access to the building/unit/front entrance

KITCHEN

- lowered counters/accessible cupboards/shelves
- knee space under sinks

GENERAL UNIT

- barrier free access into the unit and throughout the unit
- lowered light switches/raised outlets

BATHROOM

- barrier free roll in shower
- lowered sink/counter
- knee space under sink

Are there any other modifications the patient would require to manage their activities of daily living? Please explain below:

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.		Space for physician's stamp
_____ Physician's Name (printed)	_____ Phone	
_____ Physician's Signature	_____ Date	

CONSENT & RELEASE FROM APPLICANT

I understand that Niagara Regional Housing requires the requested personal health information to determine my eligibility for an accessible 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.

Applicant Name (printed)

Applicant Signature

Date

Office Use Only

Approved Denied Date: _____ By: _____

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), 1991 and the Personal Health Information Protection Act (PHIPA), 2004. The information will be used only for the purposes of determining an applicant's eligibility for an accessible unit. In applying for rent-geared-to-income housing and/or the applicant's request for an accessible 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.