Niagara Regional Housing

Modified Unit Request Form

Return form one of these ways:
Mail P.O. Box 344, Thorold, ON L2V 3Z3
Fax 905-935-0476
In Person 2201 St. David's Road, Thorold

Applicant / Patient Name:_____

Address:_____

Phone #: _____

IMPORTANT NOTE TO APPLICANTS

The applicant is responsible to ensure that the communities they choose include units with the appropriate modifications to suit their physical needs.

IMPORTANT NOTE TO PHYSICIANS

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

There are a number of units that have been modified to accommodate people with physical disabilities. Modified 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 a modified 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

GENERAL UNIT

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

KITCHEN

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

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) Telephone

_____ _____
Physician's Signature Date

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

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.