

Additional Bedroom Medical Questionnaire

To be considered for the waitlist for an additional bedroom, Dufferin County Housing requires supporting medical documentation. This information is necessary to approve or deny your request for an additional bedroom.

Please ensure that all relevant medical documentation is submitted with your application to avoid delays in processing.

The following medical questionnaire is the document that will assist in determining if your request is based on your medical needs.

This document must be completed by your **licensed health care professional**.

Once it is completed, **please submit it to Housing Access Dufferin.** It is recommended that you make a copy for your own records.

This document is your official request for additional bedroom accommodation.

You will be contacted in writing advising of your approval status within 30 days of the request. Completing and submitting this form does not guarantee your request will be approved.

Accommodation/Accessibility Request

If you need this information in an alternative format or another language, please contact the office at 519-941-9661 ext 2021.

Additional Bedroom Medical Questionnaire

Important Note to Doctors and their Patients

Dufferin County has established Local Occupancy Standards for rent-geared-to-income housing. These Standards permit a household to qualify for an extra bedroom if:

- a) A spouse who would normally share a bedroom requires a separate bedroom because of a disability. Spouses will not normally qualify for an additional bedroom unless a second bed cannot be accommodated within a shared bedroom.

A household will not qualify for an additional bedroom based on a snoring condition alone.

- b) A room is required to store equipment that a member of the household needs because of a permanent disability, and the equipment is too large to be reasonably accommodated in a unit size for which the household would normally qualify. The following equipment will not normally qualify a household for an additional bedroom:

- continuous positive airway pressure (CPAP) machines;
- air-filtration systems;
- vaporizers or humidifiers;
- walkers, wheelchairs, or scooters;
- massage tables; or
- exercise equipment.

- c) An additional bedroom is required for an individual who is not a member of the household but who occupies the unit to provide full-time overnight support services to a member of the household. The household must also submit the Caregiver application forms with these types of requests.

When a household requests an extra bedroom for medical reasons, Dufferin County must determine if the household qualifies under the Local Occupancy Standards. From time to time, Dufferin County may ask for new information to verify that the household still qualifies for the extra bedroom.

If the patient is requesting an additional bedroom, please complete the following along with the other information requested above in this form:

1.	Why does a person with this medical condition or disability need an additional bedroom? 	
2.	Is a room required to store medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, what is the medical equipment? 	
b.	What are the dimensions of the medical equipment? 	
c.	Can the medical equipment reasonably be accommodated in the living area of the unit? If no, please explain why, and explain what square footage is required: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does your patient's disability require them to have a separate bedroom to accommodate a full-time overnight caregiver who is not part of the household? If yes, what services do they require? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the need for full-time overnight care long-term? If no, how long will the patient need overnight care? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a full-time overnight caregiver is required, we may require additional verification.

Licensed Healthcare Professional (LHCP)

<input type="checkbox"/> GP/Family Physician <input type="checkbox"/> Allergist/Immunologist <input type="checkbox"/> Cardiologist <input type="checkbox"/> Dermatologist <input type="checkbox"/> Oncologist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Pulmonologist	<input type="checkbox"/> Dermatologist <input type="checkbox"/> Rheumatologist <input type="checkbox"/> Neurologist <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Other (specify): _____
I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.	LHCP Stamp or Provincial Registration
_____ LHCP Name (please print)	_____ Contact Telephone number
_____ LHCP Signature	_____ Date



Patient Consent

I understand that Dufferin County requires the personal information requested on this form to determine my eligibility for an accessible unit, unit modifications or other accommodation. I authorize my licensed healthcare professional to release information requested on this form to Dufferin County Housing and I consent to Dufferin County Housing using, verifying, disclosing and retaining this information, my application and any supporting documentation on my housing file to the extent it is necessary in order to respond to my request for accommodation and for related tenancy purposes. For clarity, disclosure may be to an independent medical consultant, to the tenant, to Dufferin County for the purposes of compliance with the *Housing Services Act*, etc. I understand that Dufferin County Housing will not directly contact my healthcare professional without my prior consent. I understand that if I am the patient and not the tenant that the information collected because of this form will be shared with the tenant and I consent to this disclosure.

 Patient's Name (please print)*

 Patient's Signature*

 Tenant's Name (if not the patient)

 Tenant's Phone Number

 Date (mm/dd/yy)

**If the patient is under 18 or unable to provide consent in writing because of physical or mental disability, the consent must be signed by the patient's parent, legal guardian, trustee, or power of attorney for personal care and property.*

The personal information on this form is collected under the authority of the *Human Rights Code*, RSO 1990, c H19 including sections 10, 11 and 17 of that act; the *Housing Services Act*, 2011, SO 2011, c 6 Sched 1 including section 176 of that act and O Reg 367/11 including section 47(1) 5 of that regulation; and/or the *Residential Tenancies Act*, 2006, SO 2006, c 17 including section 10 of that act, and will be used only as is necessary for the purposes of determining an applicant's eligibility for an accessible unit, modifications to their current unit, transfers to another unit, and/or other accessibility/accommodation measures related to the tenancy. If you have any questions about the collection of this information, please contact Dufferin County Housing's Supervisor at 30 Centre Street, Orangeville, ON, L9W 2X1, or 519-941-6991 ext. 2102.