

**CLIENT NUMBER:**

**SECTION 1 – APPLICANT INFORMATION**

|               |                |              |
|---------------|----------------|--------------|
| First name    | Last name      |              |
| Street number | Street address |              |
| Unit number   | City/Town      |              |
| Province      | Postal code    | Phone number |

**SECTION 2 – CONSENT AND RELEASE FROM APPLICANT**

I understand that The Regional Municipality of York requires the requested personal health information to determine my eligibility for a modification in my current unit or to be considered for a transfer to an accessible unit.

By this consent, I am hereby authorizing \_\_\_\_\_ (physician’s name) to disclose the information requested on this form to The Regional Municipality of York.

I hereby consent to The Regional Municipality of York collecting this information for the purpose stated above.

Applicant Signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**SECTION 3 – IMPORTANT INFORMATION ABOUT MODIFIED ACCESSIBLE UNITS**

There are a number of subsidized housing units in York Region that have been modified to be accessible for people living with physical disabilities who use a mobility device such as a wheelchair. Availability of units is limited within York Region.

**Modified accessible units may include modifications such as:**

- Barrier-free unit
- Lowered countertop
- Roll-in shower
- Roll under sinks
- Side-by-side fridge/freezer
- Roll-under cooktop
- Hand rails or grab bars
- Accessible toilet seat height
- Widened doorways
- Slanted wall mirrors

Modifications may vary between units. Modified accessible units may not include all modifications listed above.

**To be eligible for a modified accessible unit:**

- An applicant must have an eligible application on York Region’s subsidized housing wait list.
- One or more household members requires accessibility modifications as a result of a condition that requires the permanent or regular use of a wheelchair. The use of a scooter or walker does not necessarily qualify an applicant for a modified accessible unit.
- The household member requiring the modified accessible unit must be able to live independently or has the necessary supports in place to be able to live independently.

Community housing providers do not provide support services. If support services are required, they must be arranged by the applicant to be eligible for subsidized housing.

Applicants must notify Housing Access if your needs change or if any of your information changes within 30 days of the change.

## SECTION 4 – MODIFIED ACCESSIBLE UNIT ASSESSMENT (TO BE COMPLETED BY PHYSICIAN)

Your patient is requesting a modified accessible unit in subsidized housing in York Region.

**1. Does your patient require a mobility device?**

Yes    No

If yes, please indicate:

Wheelchair    Scooter    Walker    Other\_\_\_\_\_

Please note: the use of a scooter or walker does not necessarily qualify a patient for a modified accessible unit

**2. Does your patient require the use of a mobility device on a permanent or temporary basis?**

Permanent    Temporary    If temporary, what is the expected duration? \_\_\_\_\_

**3. Does your patient have a deteriorating medical condition that will increase the need for unit modifications over time?**

Yes    No

If yes, please indicate the modifications that are expected and indicate the time frame:

**SECTION 5 – PHYSICIAN’S DECLARATION**

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)

Street number                      Street address

Unit number                      City/Town

Province                              Postal code

Phone number

How many years has this patient been under your care?

Physician’s signature                      Date

NOTICE: In accordance with s.29(2) of the Municipal Freedom of Information and Protection of Privacy Act and s.18(1) of the Personal Health Information Protection Act, 2004, personal information on this form is being collected under the legal authority of the Housing Services Act, 2011 for the principal purpose of determining the applicant’s eligibility for housing units. If you have questions about this collection, please contact the Program Manager, Housing Access, The Regional Municipality of York, at 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3 or phone 1-877-464-9675 ext. 72470.

**PHYSICIAN’S  
STAMP**

**Housing Access**  
Housing Services, 5th Floor  
The Regional Municipality of York  
17150 Yonge Street  
Newmarket, ON L3Y 8V3  
Tel: 1-877-464-9675  
Email: [Housing.Access@york.ca](mailto:Housing.Access@york.ca)