



ADDITIONAL BEDROOM REQUEST ANNUAL REVIEW

APPENDIX A

Return this form to: *HOUSING PROVIDER NAME*
Fax 905-
In Person *insert office hours*

Tenant/Member Name _____ Phone # _____

Address: _____

Your patient is requesting an additional bedroom based on medical grounds. In order to assess the request, we require the information below to be completed.

There are two circumstances under which an additional bedroom may be requested. Please review each one below and provide an explanation below.

- ☐ A household member requires a separate bedroom because the use of required medical equipment substantially interferes with the sleep patterns of the spouse/same-sex partner. Please list the specific medical equipment and how it interferes with the sleep patterns of the spouse/same-sex partner.

- ☐ A separate bedroom is required for storage of medical equipment. There is a significant mobility issue of a member of the household, such that **more than one** piece of large equipment is required for mobility purposes. Please list the specific medical equipment that requires an additional bedroom for storage.

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)

Phone

Physician's Signature

Date

Space for physician's stamp

CONSENT & RELEASE FROM TENANT/MEMBER

I understand that *PROVIDER NAME* requires the requested personal health information to determine my continued eligibility for an additional bedroom.

I authorize my physician to release the information requested on this form to *PROVIDER NAME*, and I consent to *PROVIDER NAME* using, verifying and retaining this information in my housing file.

Patient's Name (printed)

Patient's Signature

Date

Office Use Only

☐ Remains eligible for additional bedroom

☐ No longer eligible Reason: _____

Date: _____

Staff Signature: _____

*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 continued eligibility for an additional bedroom. In requesting an additional bedroom, the tenant/member consents to the collection, use and disclosure, including verification, of the information provided to *HOUSING PROVIDER* in their request or supporting documents.*