

Medical Need for an Additional Bedroom

Applicant First & Last Name:	
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Important note to Doctors/Nurse Practitioners and their physicians

The City of Peterborough has established Local Occupancy Standards for Rent-Geared-to-Income (RGI) housing. These Standards state that households are entitled to a maximum number of bedrooms in a social housing unit, according to the size of their household. The occupancy standards are:

- Every bedroom must be occupied by at least one member of the household
- A couple (married, common-law, same-sex) may occupy no more than one bedroom
- A single adult may occupy no more than one bedroom

These Standards permit a household to qualify for an additional bedroom if:

- One of the spouses, same-sex partners, or child requires a separate bedroom because of a disability or medical condition
 - A household will not qualify for an additional bedroom based on a snoring condition alone, frequent night time waking or insomnia, or a temporary medical conditions that make the sharing of a bedroom inconvenient for a short period
- A room is required to store equipment that a member of the household needs because of a disability or medical condition
 - The equipment should be too large to be reasonably accommodated in a unit size that the household would normally qualify for
 - The following would not normally qualify the household for an additional bedroom:
 - Continuous Positive Airway Pressure (CPAP) machine
 - Air Filtration systems
 - Vaporizers or Humidifiers
 - Walkers, Wheelchairs, or Scooters
 - Massage Tables
 - Exercise Equipment
- An individual who is not a member of the household, but needs a bedroom to provide support services required for a household member who has a disability or medical condition

Housing Access Peterborough (HAP) and any replacement or successor is a provincially mandated service offered by the City of Peterborough which manages the centralized waitlist for subsidized housing. When a household requests an extra bedroom for medical reasons, HAP must determine if the household qualifies under the Local Occupancy Standards. When offered RGI housing, the Housing Provider may ask for new information to verify that the household still qualifies for the additional bedroom.

The personal health information disclosed in this form will be used only for the purpose of evaluating the household’s eligibility for an additional bedroom. The use and disclosure by Housing Access Peterborough of the personal health information in this form will be subject to the **Housing Service Act, 2011**, the **Personal Health Information Protection Act** as applicable, and the **Municipal Freedom of Information and Protection of Privacy Act**.

Consent and Release from Applicant/Patient – if patient is less than 16 years of age, a parent or guardian must complete and sign this section.

I understand that Housing Access Peterborough (HAP) requires the requested personal health information to determine my eligibility for an additional bedroom.

I authorize my doctor/nurse practitioner to release information requested on this form to Housing Access Peterborough (HAP), and I consent to HAP using, verifying and retaining this information in my housing file, for the purposes identified on this form.

Patient Name (printed): _____

Patient or parent/guardian signature:

_____ Date: _____

Doctor/Nurse Practitioner completes this section – attach additional pages if needed

<p>Based on the information on the covering page, does this patient have a disability or medical condition that requires an additional bedroom for their spouse, common-law partner or same-sex partner?</p>	
<p>How does the patient’s disability or medical condition impact their spouse, common-law partner or same-sex partner’s ability to share a bedroom? Note a diagnosis is not necessary.</p>	
<p>What is the expected duration of time, of the disability or medical condition?</p>	

<p>If the additional bedroom is requested to store medical equipment, please list the equipment and its' dimension.</p>	
<p>Could the medical equipment reasonably be accommodated in the unit size the patient would normally qualify for?</p>	
<p>Does your patient require the support of a caregiver?</p>	
<p>How often is the caretaker required to provide supports overnight; be permitted to sleep yet be available to provide supports when needed?</p>	
<p>What is the expected duration of time, of the need for a caregiver?</p>	

Doctor/Nurse Practitioner's Release

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Doctor/Nurse Practitioner Name (printed):

Doctor/Nurse Practitioner Signature:

Phone number: _____

Date: _____

Space for Doctor/Nurse Practitioner Stamp

Please return form in one of the following ways:

Email: hapinfo@peterborough.ca.

Fax: 705-742-0542

Mail: 178 Charlotte Street (in the Charlotte Mews) PO Box 4138 Peterborough, ON K9J 8S1

Declaration, Consent and Release from Applicant

The personal health information disclosed in this form will be used only for the purpose of evaluating the household's eligibility for an accessible unit. The use and disclosure by Housing Access Peterborough of the personal health information in this form will be subject to the **Housing Service Act, 2011**, the **Personal Health Information Protection Act** as applicable, and the **Municipal Freedom of Information and Protection of Privacy Act**.

I understand that Housing Access Peterborough (HAP) requires the requested personal health information to determine my eligibility for an additional bedroom.

I authorize my doctor/nurse practitioner to release information requested on this form to Housing Access Peterborough (HAP), and I consent to HAP using, verifying and retaining this information in my housing file, for the purposes identified on this form.

Applicant Name (printed): _____

Applicant Signature:

_____ Date: _____

Contact Us

Housing Access Peterborough (HAP)

Phone 705-748-8830 or toll-free 1-855-738-3755 or Email hapinfo@peterborough.ca

Social Services 178 Charlotte Street PO Box 4138, Peterborough, ON K9J 8S1