

Request an Accessible Unit

Applicant First & Last Name:																
Phone number:					-					-						
Mailing Address:	(street/unit number, street name)															
City:											Postal code:					

Important note to Doctors/Nurse Practitioners

Your patient is requesting an accessible unit in Rent-Geared-to-Income housing.

There are several units that have been modified with accessibility features to accommodate people with physical disabilities. Accessible 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 an accessible unit.

Please complete the following, checking all that apply:

- Does the patient require any of the following modifications to their accommodation to manage regular activities of daily living (bathing, eating, dressing, toileting, etc)?

Exterior

- ☐ Automatic door opener
- ☐ Barrier-free access to the building/unit/front entrance

Kitchen

- ☐ Lowered counters/accessible cupboard/shelves
- ☐ Knee space under sinks

General unit

- ☐ Barrier free access into the unit and throughout the unit
- ☐ Lowered light switched/raised outlets

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:

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's Name (printed): _____

Doctor/Nurse Practitioner's 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 accessible unit.

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: _____