

BEFORE SENDING, Insert on Housing Provider Letterhead

Urgent Medical Needs

The City of Peterborough has established a Community Housing Directive: Order of Household Selection. Included in category 1 is an urgent medical needs designation where the Housing Provider is unable to accommodate the needs identified in the current unit. Eligibility for this category is based on the unit or building being inaccessible or unsafe for the current resident/ member.

The intent of the urgent medical needs category is only for individuals who have experienced extreme health related events where their current Community Housing unit is no longer accessible and/or safe for them on a permanent basis or for a significant amount of time. Examples include (but are not limited to):

- ❖ Long term injuries as a result of an accident where the unit or building is no longer accessible.
- ❖ Symptoms of a disease or illness that resulted in declined mobility where a person's home is no longer accessible to them (e.g. Multiple Sclerosis).
- ❖ Declined mobility where stairs have become a safety issue.

Because of the severe nature of this category that prioritizes individuals over others on the Centralized Waitlist, medical documentation is required.

Important note to doctors and their patients

When a household requests urgent medical needs status, Community Housing Providers must determine if the household qualifies under the Local Community Housing Directive, Order of Household Selection.

The personal health information disclosed in this form will be used only for the purpose of evaluating the household's eligibility for urgent medical needs status for an internal transfer request. Any questions related to this document may be directed to:

INSERT Housing Provider Contact Name, Number and Email Address

The City of Peterborough and my Community Housing Provider are permitted under the Housing Services Act, 2011 (HSA) and/or the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) to collect personal information about me and my household so long as they comply with the standards for collecting, using, disclosing and safeguarding information as set out in the applicable legislation.

Consent

I consent to my doctor disclosing the personal health information requested on this form to INSERT Housing Provider for the purposes identified on this form. I also consent to INSERT Housing Provider disclosing this personal health information to the City of Peterborough for the limited purposes stated above.

Name of Patient (please print)

Date

Signature of Patient or Parent/ Guardian (if patient is under age 16)

Patient's doctor completes this section – attach additional pages if necessary

Based on the information on the cover page, does this patient have a disability or medical condition that makes their apartment or building inaccessible or unsafe for them?

- ☐ No
☐ Yes (Please describe):

Please identify how this condition renders the apartment or building inaccessible or unsafe rather than extremely difficult.

Please identify the type of building or apartment that would be accessible and safe for this individual.

- ☐ No stairs
- ☐ Elevator
- ☐ Fully accessible

Other (Please describe):

What is the expected duration of time of the disability or medical condition?

- ☐ Permanent

Other (Please describe):

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

Physician Name: _____

Office Address:

Phone number: _____

Signature: _____ Date: _____