

**ATTENDING PHYSICIAN'S REPORT FOR ADDITIONAL BEDROOM(S)**

Applicant's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

(Please print)

**IMPORTANT NOTE TO PHYSICIAN:**

The patient has applied for social housing with the City of Greater Sudbury Housing Registry and has requested an additional bedroom for medical purposes. The information that you provide will assist us in appropriately assessing the application.

**RELEASE BY PATIENT:**

I hereby authorize my physician to release any required medical information to the City of Greater Sudbury Housing Registry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Inability to share a bedroom**

- An additional bedroom may be provided if one of the spouses in a household requires a separate bedroom because of a disability or serious medical condition.
- The household must demonstrate that the spouses cannot share a bedroom. Spouses that cannot share a bed will not normally qualify for an additional bedroom unless a second bed cannot be accommodated in the bedroom.
- The following medical conditions will NOT be considered for an additional bedroom under this provision:
  - Snoring and sleep apnea
  - Frequent nighttime waking or insomnia
  - Temporary medical conditions that make the sharing of a bedroom inconvenient for a short period of time

**Storage of medical equipment**

- An additional bedroom may be approved if a member of the household requires extensive medical or disability related equipment that cannot be accommodated in a smaller unit.
- Households must provide medical verification detailing the size and type of equipment that is required. The housing provider will determine if the equipment can be reasonably accommodated in the existing unit or if an additional bedroom is required.

**Support for disabled people**

- Some households may require support to live independently. The support is generally provided by one or more caregivers that normally maintain accommodation elsewhere. These caregivers may be funded privately or through the Ministry of Community and Social Services.

Application for an Additional Bedroom  
*To be completed by a Doctor*

How long has this patient been under your care? \_\_\_\_\_

Please name and/or describe the medical condition. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this condition permanent? If not, what is the expected duration of the impairments? \_\_\_\_\_

How will having a separate bedroom contribute to your patient's overall well being and management of this serious medical condition or disability?

\_\_\_\_\_

If a room is requested to store medical equipment, what is the medical equipment and why is a separate room required?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a room is required for a caregiver, how many nights per week does your patient require overnight care?

\_\_\_\_\_

**PHYSICIAN'S CERTIFICATION:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This form may be faxed to 705-671-0825, emailed to [housing.registry@greatersudbury.ca](mailto:housing.registry@greatersudbury.ca) or mailed to:

City of Greater Sudbury  
Housing Registry  
P.O. Box 5000, Station A  
Sudbury, ON P3A 5P3

Please contact us at (705) 674-4455 ext. 4678 for any questions