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SUDBURY ON P3A 5P3

Housing Services
City of Greater Sudbury

Services de logement
Ville du Grand Sudbury

Ph. 705.671.2489 or 311 ext. 4678
Fax. 705.671.0825



MEDICAL REQUEST FOR MODIFIED UNIT

Applicant's Name: _____

Patient's Name: _____

Patient's Current Address: _____

IMPORTANT NOTE TO PHYSICIAN:

The patient has applied for social housing with the City of Greater Sudbury Housing Services Section and has requested a modified unit. The units have varying degrees of modification. The information that you provide will assist us in assessing the application appropriately.

Caregivers do not live with the patient on a full-time basis and continue to have another permanent address. If the caregiver is in fact living with the applicant, they are part of the household and their income will be used for rent calculations. Activities of daily living are considered to be everyday functions and the activities individuals normally perform. This includes bathing, eating, dressing, ambulation and toileting.

***NOTE * When selecting modifications required in a unit, not all units contain all of the modifications listed in the checklist.**

RELEASE BY PATIENT:

I understand that the City of Greater Sudbury Housing Services Section requires the requested personal health information to determine my eligibility for a modified unit. I authorize my physician to release the information requested on this application form and I consent to using, verifying and retaining this information in my housing file and this document will be shared with the housing provider selected.

I understand that if I vacate the unit and there is another person or people in the unit who do not require or qualify for a modified unit, they will be required to vacate the unit within a prescribed period of time as per the policies established by Greater Sudbury Housing Services Section.

Patient Name (printed)

Patient Name (signature)

Date (mm/dd/yyyy)

Application Number (if applicable)

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011, S.O. 2011, c.6 schedule 1 and subject to Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, cM56. The information will be used to determine current/ongoing eligibility for rent reared to income assistance, special needs housing, geared to income rent payable and for statistical reporting.

Please describe the physical functional impairments requiring a modified unit for independent living: _____

Is the patient in a wheelchair? Yes ____ No ____
If yes, is the patient in the wheelchair full-time or part-time? Full- time ____ Part-time ____

Does the patient require modifications to their accommodation to manage the activities of daily living? If yes, identify the required modifications:

Accessible parking ____	Automatic entry to building ____
Wide doorways & corridors ____	Easy grasping door levers & locks ____
Clear turning space in each room ____	Lower switches & controls/raised outlets ____
Front loading washer/dryer ____	Roll-in shower ____
Grab bars ____	Knee space under kitchen/bathroom sink ____
Lower sink/counter in kitchen ____	Accessible cupboards/shelves in kitchen ____

Other modifications the patient would require to manage their daily activities for living. Please explain: _____

If the patient is not in a wheelchair, what other ambulatory device is used for mobility? Walker ____ Cane ____ Scooter ____
Is the patient capable of maintaining activities of daily living in a self-contained modified unit? Yes ____ No ____

Explain the services/supports that are or will be in place to ensure activities of daily living can be accomplished.

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 (mm/dd/yyyy): _____

Address: _____ Phone: _____

A completed application may be faxed 705-671-0825,
emailed housing.registry@greatersudbury.ca , or mailed:
City of Greater Sudbury Housing Services Section
199 Larch Street, Suite 603, P.O. Box 5000, Station A
Sudbury, ON P3A 5P3
Please contact (705) 674-4455 ext. 4678 for any questions