



Complete and return this form by mail or in person:

Halton Access to Community Housing (HATCH)
Employment Housing and Social Services
690 Dorval Dr, 7th Floor
Oakville, ON L6K 3X9

MEDICAL REQUEST FORM FOR A WHEELCHAIR ACCESSIBLE UNIT AND/OR ADDITIONAL BEDROOM

Patient Name: _____

Patient Address: _____

Patient's disability or medical condition: (Please Print)

Wheelchair Accessible (WCA) Unit Request

(Do not complete the section below if the patient (s) is only requesting an additional bedroom)

Please note that the use of a scooter, walker or wheelchair does not automatically qualify a patient for a WCA modified unit.

Modified units vary among Housing Providers (HP) and therefore have varying degrees of modifications. Patients may contact HATCH to discuss property selections once this form is returned to HATCH for processing.

Please answer the following questions:

1. Is the patient in a wheelchair? [] Full-time [] Part-time [] Not-at-all

2. Is the Patient's diagnosis [] Permanent [] Temporary

3. If the Patient's diagnosis is temporary what is the expected duration? _____

What equipment does the patient use? (Please Print)

Table with 4 columns: #, Type of Equipment used, #, Type of Equipment used

Physician's Release

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

Space for physician's stamp

Physician's Name (Printed)

Telephone

Physician's Signature

Date



Additional Bedroom Request

(Please only complete this section if the Patient is requesting an additional bedroom in a rent-geared-to-income (RGI) unit with HATCH)

Note: HATCH is looking for information regarding a medical reason which has caused the patient(s) to need an additional bedroom not a medical letter stating only their diagnosis. (An attached letter of support from the Patient's Physician will also be reviewed)

Why does the diagnosis require the Patient (s) to need an additional bedroom? (Please Print)

Please ensure that this form is completed, signed and returned to the patient



The disability or medical condition has proven to be permanent and lack of an additional bedroom would result in extreme hardship;

The request is because of a serious diagnosed medical condition and/or a sleeping condition which is effecting their partner who has a serious medical condition in the following way:

The equipment is mandatory to manage a medical condition, not the quality of life of a member of the household.

The equipment required by the patient (s) cannot be accommodated within the Patient's current eligible rent-geared-to-income unit size? Yes No
(note: couples are deemed eligible for a 1 bedroom RGI unit in Halton Region)

A Member (s) of the household uses more than one piece of large equipment and mobility may be a significant issue.
(List equipment the Patient (s) uses on the opposite side of this form in the equipment table)

Physician's Release

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

Space for physician's stamp

Physician's Name (Printed)

Telephone

Physician's Signature

Date