

Accommodation Request Information Sheet

Halton Community Housing Corporation (HCHC) is committed to meeting the accessibility needs of our tenants and ensuring they enjoy a high quality of life in our communities.

Tenants who have a documented medical condition or impairment that a Licensed Health Care Professional (LHCP) believes can be improved by modifications to their unit, may submit an Accommodation Request Form.

Completed requests are reviewed by the HCHC Accommodation Committee and are evaluated based on the information provided and the individual circumstances of the tenant. Please note there should not be an expectation that unit modifications will be supported automatically upon submission of a request form.

Other potential support programs:

Below is the contact information for some organizations that provide support for individuals with accessibility needs:

Supports for daily living:

Home and Community Care Support Services (formerly LHIN) 1-877-336-9090
Mississauga Halton
<http://www.mississaugahaltonlhinc.on.ca/>

Home and Community Care Support Services (formerly LHIN) 1-800-810-0000
Hamilton Niagara Haldimand Brant (includes Burlington)
<http://www.hnhblhinc.on.ca/>

Supports for assistive devices:

Ontario March of Dimes – Assistive devices 1-866-765-7237

Ontario Ministry of Health and Long Term Care - Assistive Devices Program 1-800-268-6021
<https://www.ontario.ca/page/assistive-devices-program>

You can contact these organizations directly or your Tenant and Community Supports Specialist can assist with referral to these programs.

How to Apply:

The Accommodation Request Form will need to be completed by a Licensed Health Care Professional (LHCP) such as a:

- Physician
- Psychiatrist
- Physiotherapist
- Optometrist
- Audiologist
- Psychologist or psychological associate
- Chiropractor
- Occupational therapist
- Speech language pathologist
- Registered nurse licensed to practice in Canada

Completed forms are forwarded to the HCHC Accommodation Committee. If the committee finds that the request is incomplete, or additional information is required, the applicant will be contacted to provide the additional information and resubmit. In certain circumstances, HCHC may consider an internal transfer, or other interventions, as an option to meet the identified needs.

Accommodation Request Checklist

Please note that if approved, unit modifications can take up to six months to complete. The key steps in this process are:

- Work with your Licensed Health Care Professional (LHCP) to complete the Accommodation Request Form
- Submit the completed form to the Tenant Services Advisor (see form for details)
- A site visit will be completed if required
- The request will be reviewed by the HCHC Accommodation Committee, and a decision will be made within 6-8 weeks of submission
- A written notice of approval or denial will be provided within two weeks of the decision
- From time to time, reviews may take longer than anticipated. HCHC will contact applicants to advise of revised timelines if applicable

If you have any questions about the accommodation request process, or would like more information, please contact your Tenant Services Advisor.

Accommodation Request Form

This entire form must be completed by a licensed health care professional (LHCP) such as:

- Physician
- Psychiatrist
- Physiotherapist
- Optometrist
- Audiologist
- Psychologist or psychological associate
- Chiropractor
- Occupational therapist
- Registered nurse licensed to practice in Canada

This form should be completed when:

A member of the household has a medical condition or impairment, and a licensed health care professional has determined that a modification to the current unit would materially contribute to stabilizing or improving the health and quality of life of the tenant.

This form should not be used for:

Requests for additional bedrooms. All medical requests for additional bedrooms must be reviewed by Halton Access to Community Housing (HATCH). Call 311 or 905-825-6000 to request a HATCH Application and Medical Request Form for Wheelchair Accessible Unit or 2nd Bedroom Unit.

Patient Information	
Patient name:	
Patient address:	
Phone number:	Date of birth:
Parent/legal guardian/leaseholder's name:	
The patient has been in my care since (mm/dd/yy):	
Please describe the patient's impairment(s):	
Is the impairment(s) permanent? <input type="checkbox"/> yes <input type="checkbox"/> no	
a) If no, what is the expected duration of the impairment(s)?	
If the patient is requesting a unit modifications please complete the following:	
1. Is the patient currently using a mobility device?	<input type="checkbox"/> yes <input type="checkbox"/> no
- If yes, does the patient use the mobility device	<input type="checkbox"/> full-time or <input type="checkbox"/> part-time
2. Does the patient require modifications to their unit to manage the activities of daily living?	<input type="checkbox"/> yes <input type="checkbox"/> no
- If yes, please specify the medically required modifications:	
<input type="checkbox"/> Automatic door opener (ADO)	
<input type="checkbox"/> Modified kitchen	
<input type="checkbox"/> Modified bathroom: Roll-in shower <input type="checkbox"/> <u>or</u> Walk-in shower <input type="checkbox"/> (choose 1)	
<input type="checkbox"/> Other:	
3. Does the patient currently live in an accessible unit or a unit that has been modified for accessibility? <input type="checkbox"/> yes <input type="checkbox"/> no	

Licensed Health Care Professional (LHCP)	
I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.	LHCP stamp
LHCP Name (print):	
LHCP Signature:	
LHCP Phone: _____ Date: _____	
Consent From Patient	
<p>I understand that Halton Community Housing Corporation requires the personal health information requested on this form to determine my eligibility for a unit modification. I authorize my LHCP to release the information requested on this form to Halton Community Housing Corporation and I consent to Halton Community Housing Corporation using, verifying, disclosing and retaining this information, my application and any supporting documents on my housing file to respond to my request for medically necessary accommodation and for related tenancy purposes.</p>	
Patient Signature: _____	
Date: _____	
<p>If the patient is under 18 or unable to provide consent in writing by reason of physical or mental disability, the consent may be signed by the patient's parent, legal guardian, or trustee, if there is no trustee, their next of kin.</p> <p>The personal health information on this form is collected under the authority of the Housing Services Act, 2011 and will be used only for the purposes of determining an applicant's eligibility for unit modification and related tenancy purposes. If you have any questions about the collection of this information, please contact: Halton Community Housing Corporation, 1151 Bronte Road, Oakville, ON. L6M 3L1, 905-825-6000 or 311</p>	

Completed forms can be submitted by mail, email or fax to:

Attn: Tenant Services Advisor
 Halton Community Housing Corporation
 1151 Bronte Road
 Oakville, ON, L6M 3L1
 Fax: 905-849-3568