

Access to Housing – Special Needs Form

You indicated on your application form that you require special modifications in the home you have applied for. Please complete the information below so that we can get a better understanding of your housing needs.

Name: _____ Social Insurance Number: _____

1. Who had special needs? Applicant Co-applicant Other Household Member

2. Can this person with special needs live: Independently With Assistance

3. Please check the assistive devices used:

COMMUNICATION:	MOBILITY:	SAFETY:	TREATMENT:
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Scooter	<input type="checkbox"/> Glasses	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Speaker Phone	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> White Cane	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Communication Board	<input type="checkbox"/> Cane	<input type="checkbox"/> Companion	
<input type="checkbox"/> Braille Printer	<input type="checkbox"/> Crutches	<input type="checkbox"/> Assistance Animal	
<input type="checkbox"/> Liberator/Computer (aided speech)	<input type="checkbox"/> Walker	<input type="checkbox"/> Life Line	
	<input type="checkbox"/> Lifting Devices		
	<input type="checkbox"/> Prosthesis (artificial limb)		

Other: _____

4. Please Check All Features Needed:

- Information in Braille/Large Print Flashing Smoke Detector
- Flashing/Vibrating Signal Door Assistance Signal
- Wheelchair Accessible with wide doors, elevator, ramp (1 in 12 grade), and height-modified electrical switches (Type 1)

Bathroom Features:

- Minimal changes to the bathroom such as: (Type 2)
 - (a) toilet, tub and/or shower grab bars
 - (b) an opening under the sink, OR
- Fully modified bathroom, with above features plus: (Type 2A)
 - (a) wheel-in shower (b) modified water taps
 - (c) mirror lowered or tilted (d) may have high toilet
 - (e) appropriate transfer space

Kitchen Features:

- Minimal changes to the kitchen, such as (Type 3)
 - (a) 1.5 metre radius for wheelchair
 - (b) opening under sink, OR
- Fully modified kitchen, with the above features plus: (Type 3A)
 - (a) modified taps
 - (b) extra storage space, or lower counter and lower top cupboards
 - (c) counter top stove
 - (d) side-opening oven or microwave
 - (e) toe space under counter

Are automatic entry doors required to the: Building Unit

Other needs: _____

5. Please make any additional comments not covered by this questionnaire

Applicant Signature: _____ Date: _____

Name & Agency of person completing this form: (Please Print)

Phone#: _____

OFFICE USE ONLY: Type 1 Type 2 Type 2A Type 3A
 Type 4 (Type 2 & 3) Type 5 (Type 2A & 3) Type 6 (Type 2 & 3A) Type 7 (Type 2A & 3A)