

Verification of Terminal Illness Form

Most people who apply for social housing are housed in chronological order. However, Access to Housing recognizes that the waiting list for social housing may effectively prevent someone who is terminally ill from getting housed unless that person is given some special consideration. **This special consideration is reserved for people who are terminally ill and not meant for people who may be suffering from a serious chronic condition, illness or disease.**

Appropriate verification documents must be submitted to our office if you wish to be considered for this status. A letter outlining the circumstances must be provided by a physician. Note: **A physician must complete this form.**

Note to Physician: *Your patient* has applied for social housing through Access to Housing (ATH) and may be eligible for special consideration if they or a member of their household is terminally ill. In order to assist your patient to special consideration for housing you are required to fill out this form.

To be completed by Physician:

Name of Applicant: _____

The applicant or a member of the applicant's household is terminally ill Yes No

Name of person who is terminally ill _____

Physician's Name	
Address	Telephone
Signature	Date

To be completed by the applicant

I, _____ hereby authorize and consent the completion of this form and its submission to Access to Housing and the disclosure to Access to Housing of any additional information it may request to clarify the information in this form.

Name	Signature	
Address	Phone #	Date