



**Access to Housing (ATH)**  
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**ACCESS TO HOUSING (ATH) – SPECIAL NEEDS FORM**  
 Rent-Geared-to-Income Assistance - Request for Modified Unit

Modified units will vary by social housing provider and have varying degrees of modifications and accessibility. Availability of units and flexibility of housing preferences will determine placement. Once this completed form is returned to ATH, applicants may contact ATH staff to discuss property selections.

<b>Consent and Release: <i>to be completed by applicant/patient</i></b>	
I understand that Access to Housing 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 form to Access to Housing and I consent to Access to Housing using, verifying, and retaining this information on my housing file.	
Applicant Name (print):	SIN:
Applicant Signature:	Date:

<b>The following sections must be completed by a physician</b>			
<b>In the household, who has the special needs?</b>			
Applicant	Co-applicant	Other Household Member	
<b>Patient's disability or medical condition: (please print)</b>			
<b>Can this person with special needs live:</b>			
Independently		With Assistance	
<b>Please check the assistive devices used:</b>			
<b>Communication</b>	<b>Mobility</b>	<b>Safety</b>	<b>Treatment</b>
Hearing Aid	Wheelchair	White Cane	Oxygen
Speaker Phone	Scooter	Service Animal	Dialysis
Braille Printer	Cane	Companion	
Computer-aided Speech	Walker	Lifeline	
Communication Board	Lifting Devices		
	Prosthesis		
Other:			

