

## **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.

I understand that Access to Housing requires the requested personal health information to

information requested on this form to Access to Housing and I consent to Access to Housing

determine my eligibility for a modified unit. I authorize my physician to release the

Consent and Release: to be completed by applicant/patient

using, verifying, and retaining this information on my housing file.

Applicant Name (print):			SIN:				
Applicant Signature: Date:			e:				
			•				
The following sections must be completed by a physician							
In the household, who has the special needs?							
Applicant	Co-applicant		Other Ho	er Household Member			
Patient's disability or medical condition: (please print)							
Can this person with special needs live: Independently With Assistance							
Please check the assistive devices used:							
riease check the assistive	devices used.						
Communication	Mobility	Safety		Treatment			
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						
I	Prosthesis			1			
Other:							

Please Check All Features Needed:					
	Information in Braille or Large Print	Assistance Signal			
Type	Flashing or Vibrating Signal Door	Flashing Alarms (smoke detector, carbon monoxide and building fire alarm)			
1	Wheelchair Accessible with wide doors, elevator, ramps and height-modified electrical switches				
Type	Type Minimal changes to the bathroom, such as:				
2	Toilet, tub and/or shower grab bars and opening under the sink				
Type	Fully modified bathroom with above features plus:				
2A	<ul> <li>Wheel-in shower</li> </ul>	<ul> <li>Modified water taps</li> </ul>			
	<ul> <li>Mirror lowered or tilted</li> </ul>	<ul> <li>May have high toilet</li> </ul>			
	Transfer space				
Type	Minimal changes to the kitchen, such as:				
3	<ul> <li>1.5 meter radius for wheelchair</li> </ul>	<ul> <li>Opening under sink</li> </ul>			
Type	Fully modified kitchen with above features plus:				
3A	<ul> <li>Modified taps</li> </ul>	Extra storage space or			
	<ul> <li>Counter top stove</li> </ul>	lower counter and lower			
	<ul> <li>Side-opening oven or microwave</li> </ul>	cupboards			
	<ul> <li>Toe space under counter</li> </ul>				

Are automatic entry doors required to the:	building	unit			
Please identify any other needs not covered in this form:					

Physician's Release				
I hereby certify that this information professional judgement and is try of my knowledge	•	Space for Physician's stamp		
Physician's Name (printed)				
Physician's Signature				
Date	Telephone			