



Access to Housing (ATH)
 350 King Street East - Suite 110
 Hamilton, ON L8N 1E1 Telephone:
 (905) 546-2424 ext.3708
 Fax: (905) 546-2809
 Email: ath@hamilton.ca

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.

Consent and Release: to be completed by applicant/patient	
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:

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

Please Check All Features Needed:		
Type 1	Information in Braille or Large Print <input type="checkbox"/>	Assistance Signal <input type="checkbox"/>
	Flashing or Vibrating Signal Door <input type="checkbox"/>	Flashing Alarms (smoke detector, carbon monoxide and building fire alarm) <input type="checkbox"/>
	Wheelchair Accessible with wide doors, elevator, ramps and height-modified electrical switches <input type="checkbox"/>	
Type 2	Minimal changes to the bathroom , such as: <ul style="list-style-type: none"> • Toilet, tub and/or shower grab bars and opening under the sink <input type="checkbox"/> 	
Type 2A	Fully modified bathroom with above features plus: <ul style="list-style-type: none"> • Wheel-in shower • Mirror lowered or tilted • Transfer space • Modified water taps • May have high toilet <input type="checkbox"/>	
Type 3	Minimal changes to the kitchen , such as: <ul style="list-style-type: none"> • 1.5 meter radius for wheelchair • Opening under sink <input type="checkbox"/> 	
Type 3A	Fully modified kitchen with above features plus: <ul style="list-style-type: none"> • Modified taps • Counter top stove • Side-opening oven or microwave • Toe space under counter • Extra storage space or lower counter and lower cupboards <input type="checkbox"/>	

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 represents my best professional judgement and is true and correct to the best of my knowledge <hr/> Physician's Name (printed) <hr/> Physician's Signature _____ Date	Space for Physician's stamp _____ Telephone