

**CORNWALL SDG HUMAN SERVICES DEPARTMENT  
SERVICES HUMAINS CORNWALL SDG  
Housing Programs / Programmes de logement**

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**Medical Verification Form**

The personal health information disclosed on this form will be used only to determine a tenant's eligibility and is collected under the authority of the Housing Services Act, 2011.

Tenant/Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Consent to Release from Patient**

I \_\_\_\_\_, hereby consent that my doctor disclose the personal health information requested by the City of Cornwall's Social Housing Registry in this form for the purposes stated below. I also give permission for this information to be retained on file by the City of Cornwall's Social Housing Registry.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**Your patient has requested one of the following: an additional bedroom, a modified unit or a transfer for the purpose of general health and well-being.**

**ADDITIONAL BEDROOM REQUEST**

An additional bedroom will only be granted under the following circumstances:

- The tenant and their spouse require a separate bedroom because of a significant disability or diagnosed chronic (long-term) and serious medical condition, with symptoms that do not go away – no periodic relapse or remission. (***This does not include conditions like sleep apnea, snoring, restless leg syndrome, insomnia or frequent urination***)
- An additional bedroom is required to store life sustaining assistive devices or medical equipment required due to a significant disability or a diagnosed chronic (long-term) and serious medical condition. (***This does not include exercise equipment***)

- To accommodate a caregiver, who will reside with the household full time for the purpose of providing required daily and/or overnight support services to a member of the household with a significant disability or a diagnosed chronic (long-term) and serious medical condition. ***(The caregiver cannot be a relative and will not be included on the lease/occupancy agreement)***

1. Does your patient have a medical condition that will adversely affect the health of one or both spouses by sharing a bedroom?     Yes     No

Name/describe the diagnosed chronic (long-term) and serious medical condition or significant disability.

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2. As a result of the medical condition does the patient require space to store medical equipment or assistive devices?     Yes     No

What medical equipment or life sustaining assistive devices require additional storage space as they cannot be accommodated elsewhere in the unit?

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3. Is your patient able to manage the activities of daily living without assistance?

Yes     No

If **No**, what service(s) does he/she require?

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## **MODIFIED UNIT REQUEST**

Your patient is requesting an accessible unit which will have varying degrees of modifications (i.e. widened doorways, hallways, roll-in shower, etc...)

1. Can your patient safely navigate stairs?     Yes     No
2. Does your patient require a mobility aid (e.g. wheelchair, walker)?     Yes     No
3. Does your patient have a deteriorating medical condition that will increase the need for unit modifications? If yes, please explain.

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4. Please identify the modifications that are required to enable your patient to live independently.

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## **GENERAL HEALTH & WELL BEING REQUEST**

Your patient is requesting a transfer to a different unit due to medical reasons.

1. Is your patient able to live independently?     Yes     No

If **No**, please describe any limitations that would prevent independent living.

2. How is the patient's existing unit having an adverse effect on the patient's health?

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PHYSICIAN'S RELEASE	
<p>I hereby certify that this information represents my best professional judgement</p> <hr/> <p>Physician's Name (Print)</p> <hr/> <p>Physician's Signature</p> <hr/> <p>Telephone</p> <hr/> <p>Date: _____</p>	<p>Physician's Stamp Here</p>

The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for Social and Affordable Housing or a tenant's eligibility for a transfer to another unit and/or an additional bedroom and is collected under the authority of *the Housing Services Act, 2011*. In making this request, the applicant consents to the collection, use and disclosure, including verification, of the information provided to the City of Cornwall as Service Manager for the City of Cornwall and the United Counties of Stormont, Dundas and Glengarry, its Social Housing Providers and the Social Housing Registry in their application or supporting documents.

*Revised: May, 2024*