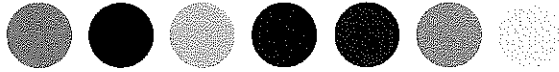


MAIN-GERRARDCO-OP



Medical Need for an Additional Bedroom

Name of applicant:	
Applicant's address:	

Important note to doctors and their patients

MAIN-GERRARD COMMUNITY DEVELOPMENT Co-operative Inc. provides rent-geared-to-income assistance to members who qualify under a subsidy program funded by the federal government. The program has rules that establish occupancy standards for subsidized units, including that spouses would normally be required to share a bedroom, with some exceptions:

1. A spouse who would normally share a bedroom requires a separate bedroom because of a disability or medical condition.

Spouses will not normally qualify for an additional bedroom unless a second bed cannot be accommodated within a shared bedroom.

A household will not normally qualify for an additional bedroom based on a snoring condition alone.
2. A room is required to store equipment that a member of the household needs because of a permanent disability or medical condition, and the equipment is too large to be reasonably accommodated in a unit size for which the household would normally qualify.
3. A room is required for an individual who provides full-time overnight support services to a member of the household.

When a household requests an extra bedroom for a medical reason, the RGI Administrator must determine if the household qualifies according to the requirements of our subsidy provider. From time to time, the RGI Administrator may ask for new information to verify that the household still qualifies for the extra bedroom.

The personal health information disclosed on this form will be used only for the purpose of evaluating the household's eligibility and need for a second bedroom. This personal health information may also be disclosed to the Agency for Co-operative Housing and/or Canada Mortgage and Housing Corporation •solely for the purpose of evaluating compliance with the subsidy program rules.

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The patient must complete and sign this section. If the patient is less than 16 years of age, a parent or guardian must complete and sign this section.

I consent to my doctor disclosing the personal health information requested on this form to: Main Gerrard Community Development Co-operative Inc. (RGI Administrator)

for the purposes identified on this form. I also consent to the RGI Administrator disclosing this personal health information to the subsidy provider for the limited purposes stated above.

Signature of patient or parent /guardian:	
Date:	

The patient's doctor must complete and sign this section.

Doctor's Name (PLEASE PRINT):	
Address:	
Phone:	
1. How many years has this patient been under your care?	
2. What is the medical condition or disability that makes it necessary for your patient to have a separate bedroom?	
3. Why does a person with this medical condition or disability need an additional bedroom?	
4. What is the expected duration of the condition?	

Complete this section if the patient is requesting a room to store medical equipment:

What is the medical equipment?	
What are the dimensions of the medical equipment?	

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Can the medical equipment reasonably be accommodated in the current unit or a unit size for which the household would normally qualify?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If no, why not?		
Complete this section if the patient is requesting a room for a full-time overnight caregiver.		
1. Does your patient require a full-time overnight caregiver?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>
2. What services does he/she require?		
3. Is the need for overnight care long-term?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>

Doctor's signature	
I certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.	
Signature	Date

Please address any questions or concerns regarding the collection, use, or disclosure of this information to:	
Name of RGI Administrator:	
Title:	
Phone:	