



119 Van Order Drive, Kingston, ON K7M 1B9 ☎ Fax (613) 546-9375 ☎ Phone (613) 546-5591 [www.kfhc.ca](http://www.kfhc.ca)

**Request for a Modified Unit or Additional Bedroom  
With  
Verification of Disability or Medical Condition**

**NOTE:** If applicants requesting a modified unit also require a rent subsidy, an Application for RGI Assistance Form Part “A” must be completed at the Social Housing Registry located at 362 Montreal Street, Kingston, Social Housing Registry Program, Community and Family Services Department, City of Kingston, 362 Montreal Street, Kingston, ON Canada K7K 3H5, Phone: 613-546-2695, extension 4769 E-mail: [theregistry@cityofkingston.ca](mailto:theregistry@cityofkingston.ca)

**A) Applicant Information**

---

Applicant: Surname	Given Name	Date of Birth
--------------------	------------	---------------

---

Co-Applicant: Surname	Given Name	Date of Birth
-----------------------	------------	---------------

---

Address (number, street, apartment number)

---

City/Town	Postal Code
-----------	-------------

---

Home Telephone	Work Telephone	E-mail address
----------------	----------------	----------------

---

( )	( )	Ext.
-----	-----	------

---

**INSTRUCTIONS**

Please complete and sign this form. The information is to be used in connection with your request for a modified unit due to a disability or medical condition, as identified in the Kingston & Frontenac Housing Corporation Special Needs Access to Modified Unit Policy.

The following qualified Health Care Professionals may complete the attached Verification form:

- Family doctor or other physician
- Physiotherapist
- Chiropractor
- Occupational Therapist

**Note:** Please complete the “Consent to Release Medical Information” (on the reverse) before taking this form to your Health Care Professional. Consent to Release Medical Information must be signed by the member of the household who wishes to apply for a Modified Unit or a person authorized on their behalf, or as required by the Health Care Professional.

**IMPORTANT:** The qualified person completing this form may charge you an administration fee for verification of disabilities or medical condition, which charge is your sole responsibility.

**B) Consent to Release Medical Information**

I/am, we/are requesting a modified unit due to disability and/or medical condition.

I/We understand that this information will be used for the purpose of verifying my eligibility for a modified unit under the Housing Services Act, 2011. I/We fully understand the nature and purpose of this consent and give my/our consent and authorization voluntarily.

I/We hereby authorize \_\_\_\_\_ to disclose to Kingston & Frontenac Housing Corporation the medical and related information requested in the attached Verification of Disability or Medical Condition form.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_  
(Member of household)

Signature \_\_\_\_\_  
(Member of household)

**For further information - Please contact:**

**Kingston & Frontenac Housing Corporation**  
119 Van Order Drive  
Kingston, ON K7M 1B9  
Tel: (613) 546-5591  
Fax: (613) 546-9375

**C) VERIFICATION OF DISABILITY or Medical Condition**  
**(to be completed by Health Care Professional)**

**Important message to Health Care Professional:**

Please complete and sign this form and return it to your patient/client, or mail or fax it to the Kingston & Frontenac Housing Corporation at the address listed above.

The Applicant listed below is requesting a modified housing unit to assist them due to a disability or medical condition. The information you provide is to be used to determine eligibility for a modified unit to assist your patient/client. Applicants must be able to live independently. Details on types of unit modifications and locations of housing units are attached.

**Your patient/client is solely responsible for any payment related to the completion of this form.**

---

Applicant's Surname (please print)                      Given Name                      Date of Birth (mm/dd/yr)

---

Applicant's Current Address

1. Please describe the nature of this patient/client's disability or medical condition(s) as it relates to the request for a modified housing unit.

---

---

---

2. Does your patient/client use/require a wheelchair? YES  NO

3. What other devices does your patient/client use? i.e. Scooter, Walker

---

---

---

4. Is the disability or medical condition continuous? YES  NO

5. Does your patient/client require an additional bedroom to accommodate their physical/medical needs – Please explain:

---

---

---

6. Additional Comments: Please describe if or how a modified unit, if allocated, will assist or relieve the medical condition of your patient/client or their family.

---

---

---

7. What unit modifications do you think would assist this patient/client (i.e. roll-in shower, lowered countertops, widened doorways, grab bars, strobe lights).

---

---

---

## D) Professional Contact Information

**Note to Health Care Professional:** You may be contacted for further details or to confirm the information contained herein.

---

Signature of Health Care Professional

Date

---

Name (please print)

Profession

Agency/Organization

---

Address

Telephone number

---

City/Town

Postal Code

Fax Number

---

Please return this verification form to the patient/client as part of his or her request for a modified unit or mail/send/fax to the:

**Kingston & Frontenac Housing Corporation**

**119 Van Order Drive**

**Kingston, ON K7M 1B9**

**or**

**Fax number (613) 546-9375**

## E) Collection of Personal Information

### **Notice with Respect to the Collection of Personal Information**

Personal information contained in this form or in attachments is collected by the Kingston & Frontenac Housing Corporation pursuant to the Housing Services Act, 2011, Personal Health Information Protection Act as applicable, and will be used only for the purpose of evaluating the household's eligibility for a modified unit due to disability or medical conditions under local occupancy standards under the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act, I give my consent: To disclose the information given on this form to agencies that assist in the provision of affordable housing and social agencies and landlords providing social assistance to me and persons listed in this application.

Questions about this collection should be directed to the Chief Executive Officer of Kingston & Frontenac Housing Corporation:

119 Van Order Drive, Kingston, ON K7M 1B9 (613) 546-5591

4. Please mark where you prefer to live. Housing preferences are limited by eligibility requirements. If you do not mark any preference, your name will be added to all lists for which you are qualified under local occupancy standards and eligibility requirements.