



ATTENDING PHYSICIAN'S REPORT	
Patient's Full Name:	
Date of Birth:	
Current Address:	
Physician's Name:	

Important Note to Attending Physician:

Your patient has applied for rent-gear-to-income Special Priority housing assistance, or is requesting an Internal Transfer, based on medical condition needs. Consequently, the patient requests that you provide Native People of Thunder Bay Development Corporation with information specifically outlining why the urgent request for rental housing, or how a specific unit type (*wheelchair accessible, core floor, extra bedrooms, etc.*), will significantly reduce the symptoms of a medical condition. General statements indicating that the client will simply benefit from a certain type or location of rental unit is insufficient. *Your report will remain confidential.*

PRIMARY DIAGNOSIS:	
PROGNOSIS:	
SECONDARY DIAGNOSIS:	
PROGNOSIS:	

Which of the following would you categorize the patient's medical status:

- Life threatening and/or degenerative.
- Chronic but not life threatening.
- Short-term duration: ___6 Months ___12 Months ___24 Months

Your patient is applying to the Corporation Housing Program, and/or requesting an Internal Transfer due to medical needs, please explain in detail:

1. How the health problems are aggravated by their present accommodation:

2. How your patient would benefit from receiving an extra bedroom:

Do you feel that your patient be capable to live independently in a self-contained, single-family unit?

NO YES With Support

Provide details of the services that are, or will be, in place to ensure independent living:

If the medical diagnosis indicates behavioural/psychological issues that may be considered anti-social, violent, destructive, or self-destructive, please explain below:

Attending Physician's Endorsement: I hereby certify that this information represents my best professional judgement and is true and correct to the best of my knowledge.

OFFICE STAMP:	
PHYSICIAN SIGNATURE:	

Authorization/Release by Patient/Applicant/Tenant:

Following review by the Native People of Thunder Bay Development Corporation of the information contained herein. I wish this document to be: Kept on file for possible future reference; Returned to me; Destroyed.

I, _____, (*print name*) hereby authorize the Native People of Thunder Bay Development Corporation to collect personal information concerning myself including all medical information necessary to complete this form by my Attending Physician.

Personal information contained herein or in attachments is collected by Native People of Thunder Bay Development Corporation pursuant to the *Freedom of Information and Protection of Privacy Act. (R.S.O. 1990. c.F.31)* of the *Municipal Freedom of Information of Information and Protection of Privacy Act. (R.S.O. 1990.c.M.56)*. This information will be used to determine eligibility for rent-geared-to-income assistance, the size and type of unit eligible for, the placement of the household on the waiting lists, and the amount of geared-to-income rent. Personal information may be disclosed to Local Housing Corporations, Non-Profit Housing Corporations, the Ministry of Municipal Affairs and Housing, and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing and to social agencies providing financial assistance to the applicant. Information provided by the household may be shared for the purposes of making decisions or verifying eligibility for assistance under the *Social Housing Reform Act, (2000)*, the *Ontario Disability Support Program Act. (1997)*, the *Ontario Works Act, (1997)*, or the *Day Nurseries Act*. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions about this collection should be directed to: Mitchell Argue, Director of Housing, Native People of Thunder Bay Development Corporation, 230 Van Norman Street, Thunder Bay, Ontario, P7A 4B8, (807) 343-9401.

I further authorize my Attending Physician to release any required medical information to Native People of Thunder Bay Development Corporation which may be required to establish eligibility for the housing program.

Patient Signature:	Date:
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