



ATTENDING PHYSICIAN'S REPORT

Applicant/Tenant Name:	
Date of Birth:	
Address:	
Physician's Name (Please print):	

Important Note to Physician:

Your patient has applied, or is requesting a transfer, for Rent-Geared-To-Income assistance on medical grounds. Consequently, the patient requests that you provide Native People of Thunder Bay Development Corporation with **legible information specifically outlining why they urgently require housing, or how a specific unit type (wheelchair accessible, core floor, extra bedrooms, etc.), will significantly reduce the symptoms of a medical condition.** Please be specific in your evaluation! General statements indicating that the client will simply benefit from a certain type or location of 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

Please explain how the health problems are aggravated by their present accommodation.

Your patient is requesting a transfer and/or applying to Native Housing, due to medical reasons. Please explain in detail how your patient would benefit from receiving an extra bedroom.

Do you feel that your patient is capable of living independently in a self-contained unit?

Yes No With Support

Explain the services that are or will be in place to ensure independent living.

If your diagnosis indicates behavioural/psychological problems that may be considered anti-social, violent, destructive, or self-destructive, please explain below.

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

Office Stamp:	
Physician's Signature:	

The physician may give this form directly to the patient or mail to:

**Native People of Thunder Bay Development Corporation
230 Van Norman Street, Thunder Bay, Ontario, P7A 4B8**

Authorization/Release by Patient:

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) 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 from my 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 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: John Abramowich, Housing Manager, Native People of Thunder Bay Development Corporation, 230 Van Norman Street, Thunder Bay, Ontario, P7A 4B8, (807) 343-9401.

I further authorize my physician to release any required medical information to Native People of Thunder Bay Development Corporation.

Signature:	Date:
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