



Request for Urgent Medical Status

Housing Access Centre (HAC) / Centre d'accès de logement
Citi Plaza, 2nd Floor | 355 Wellington Street | Suite 248 | London ON N6A 3N7
Tel: 519 661-0861 | Fax : 519-661-4466 | E-mail: hac@london.ca
www.london.ca/housing

For office use only

Client number

DEFINITION OF URGENT MEDICAL STATUS

A Licensed Physician or Licensed Registered Nurse has identified that a member of the household is at serious risk due to one or more of the following criteria:

1. Person(s) who are under continual medical supervision because of a terminal illness.
2. Person(s) who are physically disabled to the point that they cannot live in current accommodations.
3. Person(s) with serious physical problems who must relocate to London for medical treatment.

WHAT YOU NEED TO APPLY

Please read carefully before filling out the application for Urgent Medical Status.

- All Applicants must fill out and sign **Section 1 and 2** of the Request for Urgent Medical Status form. The form can be filled out by someone authorized on the applicant behalf who is not a member of the household but has knowledge of the applicant's medical situation.
- A Licensed Physician or Licensed Registered Nurse must complete **Section 3** outlining the medical condition.

Please Note:

- The Licensed Physician or Licensed Registered Nurse must specify the patient's medical condition and how their current accommodation poses such a risk and that a move in housing will remove the life-threatening aspect of the medical condition.
- The Licensed Physician or Licensed Registered Nurse report must include their official stamp and signature.

IMPORTANT NOTE TO PERSON COMPLETING THIS FORM

Receiving Urgent Medical status may allow applicants to move ahead of other applicants on the waiting lists for rent-geared-to-income housing. The City of London, Housing Access must ensure that this status is reserved for those who truly need it.

NOTE: Deliberately providing false or inaccurate information for the purpose of receiving priority for rent-geared-to-income assistance will affect your status and eligibility for housing.

As of January 1, 2021, applicants will only receive one offer of RGI housing. If you do not accept this offer, you will be removed from the centralized social housing waitlist. This rule applies to all applicants on the centralized social housing waitlist.

Please ensure all sections of the form have been completed, signed, and dated.

SECTION 1: APPLICANT INFORMATION

Last name	First name	Middle initial(s)
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Date of Birth

Unit #:	Current address	City	Province	Postal Code
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Home Phone #:	Mobile Phone #:	Email
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Please provide an alternative contact below:

Last name	First name
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Unit #:	Current Address	City	Province	Postal Code
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Phone #:	Mobile Phone #:	Email
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SECTION 2. DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the person who is applying for Urgent Medical status. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the person's behalf by the parent or guardian; an attorney under a power of attorney that authorizes that attorney to give the consent on the person's behalf; or a person who is otherwise authorized to give the consent on the person's behalf.

I, _____ hereby:
(Print Full Name of Applicant)

Requesting that my application is given an urgent medical status on the Centralized Wait List for rent-geared-to-income housing.

Declare that everything I have written on this form is true and complete.

Understand that all the information I give to the Housing Access Centre (HAC), will belong to the City of London.

Authorize and consent to the disclosure to HAC of information and documents required by HAC for the purpose of verifying the statements on this form and assessing my eligibility for urgent medical status.

Print full name of applicant or a person authorized to sign on their behalf

Signature

Date (YYYY/MM/DD)

SECTION 3: LICENSED PHYSICIAN OR LICENSED REGISTERED NURSE INFORMATION

This section must be filled out by the Licensed Physician or Licensed Registered Nurse. Your patient/client has applied for rent-geared-to-income housing through the Housing Access Centre and may be eligible for urgent medical status since they have declared an illness that could become life-threatening as a result of their current accommodations, or poses a serious personal risk to the applicant/co-applicant or dependent(s) should they be required to wait a prolonged period of time for housing.

The applicant's request for urgent medical status cannot be considered without this completed section of the form, AND a **general statement indicating that the client will simply benefit from a certain type or location of the unit are insufficient.**

Please Note:

- All comments should be CLEARLY PRINTED.
- All questions on the form must be answered in plain language.
- Please do not use abbreviations or acronyms.
- Attach additional sheets or a letter on your Company letterhead if required

Physician or Licensed Registered Nurse full name		Place stamp here
Organization name (if applicable)	Telephone #:	
Address		



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Patient Information

Patient's Last Name	Patient's First Name
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Patient's Primary Diagnosis

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

Life-threatening and/or degenerative Chronic but not life-threatening

Please give the duration of the medical status:

6 months 12 months 24 months Indefinitely

Please indicate in the space below how their current residence poses a serious risk to the patient related to their physical condition.

Do you feel that your patient is capable of living independently in a self-contained unit? Yes No

Is the patient currently in a wheelchair accessible unit? Yes No

Does the patient require a wheelchair accessible unit? Yes No



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Does the patient require an additional bedroom to accommodate extensive medical equipment? If yes, in the space below, please describe the equipment in the unit and approximate dimensions and size. Yes No

NOTE: An additional bedroom may be approved if a member of the household requires significant amount of extra space for medical equipment which is required in the unit due to a permanent disability or medical condition. Following items do not normally qualify for an additional bedroom.: CPAP machine, humidifiers, walkers, scooters and exercise equipment).

To be signed by the licensed physician or licensed registered nurse

I certify that the information represents my professional opinion and to the best of my knowledge and belief, is true and correct.

Print Full Name

Signature

Date (YYYY/MM/DD)

The Request for Urgent Medical Status form and required documentation can be submitted with your basic application for rent-geared-to-income housing and can be mailed, emailed, or delivered to:

City of London, Housing Access Centre
Citi Plaza, 2nd Floor
355 Wellington Street, Suite 248
London, ON N6A 3N7

Inquiries can be directed to 519-661-0861 or hac@london.ca

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act (2011) Sections 169-176* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, a continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.