



Eligibility for medical priority

(The Transfer Request Form and Transfer Map must be completed with this form for the Application for medical priority to be considered complete. Incomplete packages will be returned to the household.)

A member of the household has a serious medical condition and a licensed health care professional has determined that:

- The current accommodation substantially aggravates (is making) the medical condition (worse)
- AND
- A different unit would materially contribute to stabilizing or improving the health of the household member
- AND
- Location preferences selected will contribute to stabilizing or improving the medical needs of the household member
- AND/OR
- A distressing event occurred in the unit that caused and is making the medical condition worse
- AND/OR
- The household member’s current unit cannot be modified under the accessibility program
- AND/OR
- The household member has a need for specific support services.

The medical documentation must clearly state what features in the current unit are making the medical condition worse and how the features of another unit would improve the health of the resident.

NOTE: If a household requires a modified/accessible unit that does not necessarily mean the household will receive medical priority.

To be completed by a licensed health care professional in Canada (PLEASE PRINT).

Patient name: _____

Patient address: _____

Date of birth: _____

Parent/leaseholder’s name: _____

Please describe the patient’s medical condition/diagnosis: _____

Please describe the short and long term effects: _____

Please describe how the patient’s current housing is detrimental to the patient’s condition: _____

Please describe what physical factors should be considered in determining appropriate housing for the patient: _____



Please describe how and why the patient’s medical condition will be improved by moving to the type of housing you have described: _____

Please use this space to add any additional comments: _____

Physician’s release		
PLEASE NOTE: your patient is requesting that they be granted a priority to be transferred ahead of other households. This priority is reserved for those with serious medical conditions whose health would improve by moving to another unit.		
I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.		Space for physician’s stamp
_____ Physician’s name (printed)	_____ Contact telephone number	
_____ Physician’s signature	_____ Date	

Consent and release from patient	
I understand that Toronto Community Housing requires the requested personal health information to determine my eligibility for a modified unit, or an additional bedroom. I authorize my physician to release the information requested on this form to Toronto Community Housing, and I consent to Toronto Community Housing using, verifying and retaining this information on my housing file.	
_____ Patient’s name (printed)	_____ Tenant account number
_____ Patient’s signature	_____ Date

The personal health information disclosed on this form will be used only for the purposes of determining an applicant’s eligibility for medical priority and is collected under the authority of the Housing Services Act, 2011. In applying for rent geared to income housing and /or the applicant's request for a modified unit or additional bedroom, the applicant consents to the collection, use and disclosure, including verification, of the information provided to Toronto Community Housing in their application or supporting documents.