



ACCESSIBILITY IS FOR YOU!

**A guide to the Accessibility Program
in Toronto Seniors Housing**

Vol. 1 Seniors Edition-2022

Preface

This guide has been developed and written by the R-PATH Committee, a committee of tenants with disabilities, who advocate for persons with disabilities, to ensure it is tenant friendly and transparent. It has been developed in collaboration with Toronto Seniors Housing Corporation (TSHC) and Toronto Community Housing Corporation (TCHC) managements and staff for accuracy in process steps.

Toronto Seniors Housing is committed to providing accessibility to tenants with disabilities. This guide will advise tenants of what tenants need to do so they can submit an accessibility modification request and it can be completed.

This guide will provide estimated timelines and insight to the steps staff will be taking to complete your accessibility modification request. Although each modification is as different as the individual request, many of the steps in the process are the same. This guide will provide you with a glossary of terms and abbreviations, forms, and an easy to understand step-by-step description of the Accessibility Program Unit Modification process.

Some cases require the tenant to relocate to another building due to insufficient space to modify to the tenant's needs in their current unit. This process is also identified and described in this guide. This program is based on medical accessibility needs of tenants.

This guide will help you track your unit modification.

The goal of this guide is to ensure tenants know what to expect and all the information is delivered consistently to any tenant requesting accommodation.

This guide is available in alternate formats and languages.

Contact the Tenant Support Centre:

support@torontoseniorshousing.ca or call 416-945-0800.

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Glossary

F.M. : Facilities Management

Coordinator: Accessibility Program Coordinator

Facilities Program Manager - Accessibility (FPMA): This is one of the people in Facilities Management who will be in charge of making your modification construction happen. They will work with the architect and the construction crew. This person can assign projects to the Facilities Program Supervisor.

Facilities Program Supervisor (FPS): This is one of the people in Facilities Management responsible for the construction section of your modification. They work with the FPMA, architect, and construction crews. Projects are assigned to the Facilities Program Supervisor by the Facilities Program Manager-Accessibility.

Portfolio: The listing of all the buildings within TSHC city-wide or can be identified by areas namely: Northeast, Northwest, Southeast or Southwest portfolios.

Procurement: The process that is used to hire vendors or purchase products. The process is Board approved.

S.S.C. : Seniors Services Coordinator

Tender: The process used to hire architects and construction crews that ensures fairness to all vendors.

Ticket Number: This is a reference number that is issued to your application when it is submitted. This is the same kind of reference number that is used when you call in for a repair. It is a way to track your request. Keep a record of this number.

Unit Modification: This is simply construction that makes physical changes to any unit more than adding grab bars. Grab bars only are handled through your local building staff.

Vendor: any organization or company that is hired to provide goods or services.



Step 1 - Review the Guide

You have decided you need to have your unit modified to accommodate your medical needs. You have received this guide from your Seniors Services Coordinator (SSC) or directly from the Accessibility Program. Your first step is to review the guide so you have an accurate view of what to expect next.



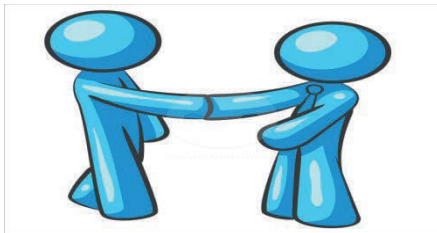
Step 2 - Tenant Request for Accommodation by submitting the Medical Questionnaire

Locate the Medical Questionnaire Form and Consent Form included with this guide. You must take it to your current health care provider. The list of acceptable health care providers is shown on the form. Have your health care provider complete the form and return it to your Seniors Services Coordinator (SSC). Your SSC is located in your community. You should keep a copy of the completed medical questionnaire for your own records. You should also have your copy date stamped and signed for by your SSC with the ticket number assigned to your request.



Step 3 - Submitting Your Medical Questionnaire and Consent Forms

Your SSC will review your Medical Questionnaire and Consent Form to make sure it is completed and signed. If your documents are complete and signed the SSC will forward your request form to the Accessibility Program - Coordinators within 5 business days. If it is incomplete the SSC cannot forward your file to the Accessibility Program until the documentation is complete. Because TCHC is responsible for the delivery of your unit modification the Consent Form allows Toronto Seniors Housing to share your required Medical Questionnaire with the Accessibility Program staff at TCHC.



Step 4 - Meet Your Accessibility Program-Coordinator

An Accessibility Program-Coordinator will contact you within 15 business days after you have submitted your completed Medical Questionnaire Form. Your Coordinator is a very important person for your modification because this will be your contact person throughout the entire process. They will help you with all your needs through the modification or relocation

as required. When the Coordinator contacts you they will make an appointment to come to your unit to get more information from you to ensure the modification or relocation will meet all of your unit accessibility needs. This will be scheduled at a time that fits your schedule best and the Coordinator can attend.

While you wait for your appointment with the Coordinator, make a list of all the daily functions within your unit that are difficult. This list will help the Coordinator assess your needs.

Your list may look like this: this is ONLY AN EXAMPLE

- Cannot transfer into tub - fear of falling
- Toilet is too low - need raised toilet or grab bars beside toilet
- No knee space under sink - cannot roll wheelchair under
- Cannot safely reach freezer section of your refrigerator
- Cannot reach kitchen cupboards
- List all your medical equipment
- Check to see if you can reach outlets in your unit



Step 5 - Accessibility Program-Coordinator Home Visit

The Coordinator is coming to visit to make sure your needs are understood and to make an assessment if your current unit has sufficient space to complete a modification to meet your needs or to advise you that you will need to be relocated to another unit and most likely another building. Your Coordinator will review your application with you and also review the list of

daily activities that are difficult for you. They may ask you to show them why or how you currently do some of the functions. They will be looking for safety factors and functionality in your current space. Do not be nervous, they are looking to make sure you get all the help you need to be safe.

If it is determined that you will need to be permanently relocated, the Coordinator will tell you at this visit. If you need to be permanently relocated, **DO NOT PANIC**. The Coordinator will assist you through the process and you will NOT be moved to a location that you do not agree to. You will be given the opportunity to list any TSHC building or area that you would agree to relocate to. Please give careful consideration to where you would like to live. Often units are not currently available in the building(s) that may have been on your preferred listing. The Coordinator will put you on the Accessibility relocation wait list. Always remember the larger the area within TSHC that you are willing to move to, the sooner you will be relocated. Also remember the larger the number of bedrooms required the longer the wait may be. Toronto Seniors Housing does not have a large number of wheelchair/mobility units, particularly with more than 1 bedroom. Families that require 2 bedrooms or more often have long waiting lists. The Coordinator will monitor the portfolio for a unit that will meet your needs in the area you have chosen.

- When a unit becomes available in the area you have on your preferred listing, the Coordinator will contact you to view the unit. After viewing the unit and if you find it acceptable, you will advise the Coordinator and they will proceed with the relocation process and paperwork. Your move will be arranged by the Accessibility Program-Coordinator and **costs will be paid by TCHC**.
- If you view it and it does NOT meet your needs, contact the Coordinator and advise why it doesn't meet your needs.
- They may contact you about a unit that comes available in a building close but not on your preferred listing. You are not obligated to go to view this unit and it will not count as an offer.
- **If your unit can be modified** to meet your medical accessibility needs, the Coordinator will be making a list of the modifications

needed, this is called the scope of work. They will then advise you that they will be in touch with you shortly to advise you of what will happen and approximately when. Almost all unit modifications require the tenant to be relocated temporarily to another unit during construction. You will NOT LOSE YOUR CURRENT UNIT. The move out of your current unit to the temporary unit and the move to return to your unit will be arranged by the Coordinator and the costs for the move, the move costs for your phone, cable and internet will be paid by TCHC. You will only be responsible for your regular utility costs and monthly rental charges.

The Coordinator will fill in your Important Information sheet in this guide and put it in a place of your choosing so it is easy for you to locate and check as you need.

While you are waiting for the next few days, the following will happen within TCHC:

- The Coordinator will contact and forward your file to Facilities Management (FM). Facilities Management (FM) is the department that is responsible for all the buildings owned by Toronto Community Housing. They will be the people that control the design and build aspect of your modification.

Your modification may be classed as a small modification - this may be only a doorway widened with an automatic door opener.

Your modification may be a large modification - this could include a hallway, bedroom, unit entrance, bathroom, kitchen, living room. It is important to note for bathrooms that TCHC does not install cut-out bathtubs but does install walk-in/roll-in showers with a bench built-in.

Facilities Management also controls the TCHC Board approved budget for the year and how it is allocated based on the criteria the budget has approved. Every year the TCHC Board of Directors approves a specific amount of money for accessibility. There are different parts to the accessibility budget, Planned Capital (common space), In-suite, and On-demand are the major parts of the budget.

- The Planned Capital (common space) are areas such as lobbies, laundry rooms, community rooms, accessible parking areas, intercoms, etc.
- In-suite is for unit modifications.
- On-Demand is for when repairs are needed to common spaces due to damages.

This is important to you because it will determine if there is enough money in the current year's budget to provide your unit modification.

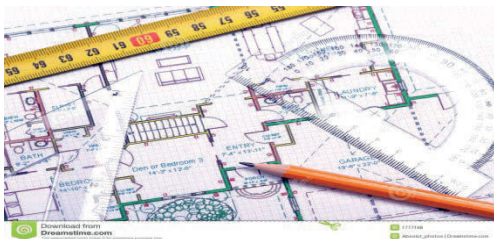


Step 6 - Facilities Program Manager-Accessibility or Facilities Program Supervisor

Next, the Facilities Program Manager-Accessibility (FPMA) who will manage all projects or who will assign projects to a Facilities Project Supervisor (FPS) to oversee projects as well, will contact the Coordinator once the file is received and the Coordinator will schedule an appointment for another home visit. The FPMA or FPS are responsible for the construction section of your modification. This time you will meet the FPMA or FPS. The FPMA or FPS will double check the scope and make more detailed notes to the scope of work. This is not the last of your home visits. It will be several weeks before you are contacted next. The FPMA or FPS will estimate a dollar value to your modification and determine if enough money is in the current year's budget to process the modification. IF there is not enough money in the current budget the process continues at step 13. If there is money in the budget the process will continue as follows:

During this time many things will be happening within TCHC.

- Depending on the estimated dollar value of the modification, different levels of authorization are required. This may take several days to get the approvals required. Approval for the total money allocation is required.
- The FPMA will notify the Design & Engineering team (D & E) that a new job is ready to move forward.
- Design and Engineering (D&E) will be preparing the documentation necessary to hire the architect that will deliver the drawings necessary to deliver your unit modification. They will go through the procurement (hiring) process. This process can take several weeks.



Step 7- Architect Visit

Your next contact will be once the architect is hired. Either the Coordinator and/or the FPMA or FPS will contact you to have yet another home visit. This time the architect will attend and be taking specific measurements. If you choose to be home it can be helpful so you could answer functioning questions specific to your needs that the architect may want to ask.

Your part now is to make sure you know what items you will take with you when it is time for the temporary relocation during construction. Also to make a list of services that will need to move with you and then back when you return. This would be your home phone, internet, cable, and assisted living arrangements. Your Coordinator will help you if you need help with any part of the moving process when the time comes.

During the next few weeks the architect will complete the design drawings and submit them to TCHC for approval. This is to ensure the TCHC standards and your needs are going to be met by the design. It is important to note that the construction crew cannot be hired until the drawings are

complete and TCHC approved. Once the drawings are approved, D & E will prepare the documents necessary for procurement of the construction company or crew. Once the construction company is hired, D&E will advise the FPMA or FPS and forward the documents and drawings for the construction process to begin.



Step 8 - Construction Dates and Temporary Relocation

The FPMA will speak with the construction company and find out when the crew will be available to do the construction in your unit. Once a date is established the FPMA will contact the Coordinator and advise of the construction dates.

The Coordinator will then check to see where units are available that would be acceptable for the temporary relocation during your construction. Please be aware that often these locations are not in your immediate area. Plan to be outside of your normal community for this short period of time. The Coordinator will then contact you and update you with the schedule for construction and advise you of possible temporary locations that are available. The Coordinator will work with you to visit the locations that you could temporarily relocate to for this short period of time during construction depending on the size of the modification.



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Step 9- Temporary Relocation During Your Unit Construction

Your next step is to visit the units that the Coordinator has arranged for you to visit. Please remember that although a unit may not be perfect, you need to keep in mind it is only temporary. If you choose not to accept any of the units offered, it can delay your modification. While it is important to choose one of the units offered, do not accept a unit that is less safe for you than your current unit in its current state. If necessary, TCHC will look to get support from other agencies if possible to locate a unit that could work for your needs on a temporary basis to ensure your unit modification can go through as scheduled. If you reject all the units offered because they are less safe for you than your current unit the Coordinator will continue to look for a unit that would be acceptable. It is very important that you advise the Coordinator of why you are not choosing any unit offered or advise of which unit you will accept.

If you choose to remain in your unit during construction, you will be required to sign a waiver/release form. Permission to remain in your unit will depend on the type of modification you are getting.

If you have chosen a unit to temporarily relocate to, the Coordinator will prepare the temporary shelter agreement for you to sign. This **MUST** be done for many reasons, not the least of which is in cases of emergency, TSHC is required to have a complete listing of current tenants in any building. Do not let this temporary relocation scare you. You WILL be moved back into your unit as soon as the construction phase is completed.

The Coordinator will schedule the movers with you so you know what to expect on which day. They will make note of this information on your

Important Information Sheet. Take a deep breath, moving can be stressful, your Coordinator will make the moves as easy as possible. Make sure your Coordinator knows if you need help packing. It can be part of the moving arrangement the Coordinator will set up.

The Coordinator will contact the FPMA or FPS, whichever is handling your modification, and advise of the available moving date. This will tell FM staff when your unit will be ready for construction to start. Facilities will then schedule the pre-construction meeting or pre-con meeting with the construction company, the architect, and your Coordinator. Nothing is required of you at this meeting, only TSHC and TCHC staff and vendors. All they will be doing is reviewing the plans for your modification and confirming deadlines.

It is very important that you be ready to move on the scheduled day. Once you leave your current unit you will not be able to return during construction due to safety reasons.

Make sure you carry any medication you will need for the first 24 hours of moving day, with YOU. When moving, everything doesn't always get in the easiest place or box to find. Save yourself the worry and stress, carry your medications with you.

If you have attendant care, not to worry, you and/or your Coordinator have set it up in advance to be in place at the new location.

If you have a cell phone, carry it with you and do NOT pack your charger, you may need it for the first night, carry it with you.

Also make sure you will have your Coordinator's phone number with you on move out day.



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Step 10 - It's Moving OUT Day!

Moving days are very busy and can be stressful. Your Coordinator will have made all the arrangements for the movers. Your function is to get yourself to your temporary unit at about the same time the movers will arrive with your belongings. This way you can tell them exactly where you want your items placed.

You may have family or friends that are going to help you unpack and help make sure all of your services are in place.

If you do not have family or friends who can help you unpack, don't worry because you already had a conversation with your Coordinator and they have arranged for someone to help you get settled.

Once you are in the temporary unit your work is done until the Coordinator contacts you because your modification is complete. You will already know when your move IN is scheduled. Now you just go about your own daily business until the move IN date.

Any issues with your temporary unit should be taken to your Coordinator.



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Step 11 - Construction

The construction process begins with the pre-con meeting. Your FPMA or FPS will be managing the actual construction of your modification. Construction almost always runs into little snags. You may or may not hear about them. If you do, don't worry, TCHC staff manage these kinds of construction issues all the time. They may contact you only if they need your personal preference on something.

If there is a delay that changes your scheduled move home, your Coordinator will contact and advise you. This CAN/DOES happen from time to time and is usually not more than a day or so. Do not worry, just talk with your Coordinator and they will help make sure all you currently have stays in place until construction is done. Unforeseen issues that can cause delays are: plumbing issues between your unit and your building (could be a drain issue) or an electrical issue. Sometimes wiring is where it isn't shown in drawings or vice versa particularly in older buildings that may have had several changes over the years. These are normal construction issues and our TCHC staff know how to solve the issues and do regularly. Do not worry, they will make sure it is right and safe for you.

Construction is now DONE! Time to go home!



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Step 12 - Time To GO HOME!

You have been advised that construction is now done and it's time to move back home. Expect to be excited knowing that this modification is going to make your life easier and safer in many cases. The move back home is the exact same process as when you moved into the temporary unit, except you do not have a temporary lease to sign. This time you can expect your Coordinator to attend for your unit to be turned back over to you. Sometimes the construction crew are even at your unit to see how you like their work.

The Coordinator will walk you through all the changes to your unit and make sure they meet your medical needs.

You must identify to the Coordinator anything that may not be satisfactory and explain why. Sometimes little adjustments are needed that could not be foreseen. These will be fixed and your modification is now complete.

Your Coordinator will have paperwork for you to sign off that the modification is complete and you have moved back into your unit.



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Step 13 - No Money Left in This Year's Budget

You have been advised that there isn't any money left in this year's Accessibility Budget. Now what happens?

The Coordinator will contact you and advise you that your unit modification is on a waiting list for money to be allocated. They will advise when they ANTICIPATE money will be available. When the money is available your modification will go through the regular process outlined in this guide.



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Step 14 - Accessibility Permanent Relocation

Your Coordinator has determined your unit has insufficient space to modify your current unit to meet your medical needs. This means you need to be permanently relocated meaning transferred to another unit. The Coordinator will ask you to identify the area within TSHC that you wish to reside. You will also have the opportunity to list specific buildings that you prefer. Always remember: **YOU WILL NOT BE TRANSFERRED TO ANY BUILDING YOU DO NOT AGREE TO.** Your Coordinator will put you on the permanent relocation waiting list. Each building that you list has its own wait list. This means you could be first on the list for one building but fourth on the list for a different building. Permanent relocation wait times are unknown and are based on availability.

TSHC currently has a limited number of accessible units. Although more units are being modified all the time, the number of requests are increasing also due to an aging population. Another factor in your transfer is the number of bedrooms you may request. The higher number of bedrooms the more difficult it is to find a unit that will meet your needs.

When larger units are required due to the number of family members, sometimes staff will locate a unit that can be modified to meet the number of bedrooms you may need. The Coordinator would then confirm that you want to live in the building available and ask you to provide written intent of accepting the unit after it is modified. Money will be spent to modify to you

or your family's needs but TSHC and TCHC need to have the unit assigned to a tenant for accountability for the monies spent.

FINAL NOTE:

As legislation and/or TCHC requirements may change, this process may also change.

R-PATH will monitor for TCHC and TSHC process changes for future updates as needed.

Important Information About Your Unit Modification

Toronto Community Housing Corporation (TCHC) is looking forward to helping make your unit more accessible for you. We want you to be comfortable in your home so you can stay in your community.

The name of TCHC Accessibility Program-Coordinator in charge of your project is _____ .

You can reach them by phone at _____ or email at _____ during business hours.

Work on your unit modification is estimated to begin on _____. Please be aware that this date may change. As with any construction project, delays sometimes happen. Your Coordinator will contact you with the latest information one week (7 calendar days) before the estimated start date to confirm or inform you of changes.

If you are staying in your unit during the work for small modifications, TSHC site staff may be available to help you move your belongings out of the way for construction. If they are not available to help you please discuss your needs with your Coordinator. You will also be asked to sign a waiver release to be signed if you are staying in your unit during construction.

If you are moving to another unit during construction, TCHC will make arrangements for essential furniture and belongings to be moved to the temporary unit. If you need help packing, please advise your Coordinator so they can arrange for someone to assist you. You will also have help moving back into your unit.

If you receive home care, please be aware that the temporary move will not mean that you lose your services. In fact, your services can move with you to your temporary home. Contact your service provider caseworker to make arrangements.

Construction will create some chaos in your life, but TCHC and TSHC will work hard to make the process as easy and pain-free as possible for you.

Accessibility Medical Questionnaire

Tenants:

The Accessibility Program accommodation request is a program that requires medical information to be submitted for the request to be approved and to ensure all your medical accommodation needs are met. It provides information to approve or deny your accommodation request.

The following medical questionnaire is the document that will assist the Accessibility Program determine two things: 1) if your request is based on your medical needs and 2) what your medical needs are to be safe and functional in your home.

This document must be completed by your **licenced health care professional**.

Once it is completed, **please submit it to the Seniors Services Co-ordinator for your community**. It is recommended that you make a copy for your own records. If you do not have a way to make a copy, ask your Seniors Services Coordinator to make a copy for you. Also request they date stamp your copy before returning the copy to you.

This document is your official request for medically required accessibility accommodation. You will be contacted in writing advising of your approval status shortly after you have submitted the completed Medical Questionnaire forms. This form does not guarantee you will be approved.

ACCOMMODATION / ACCESSIBILITY REQUEST

If you are a current Toronto Seniors Housing tenant who requires an accessible unit, unit modifications, or other accommodation based on a *Human Rights Code* identified need, please have a qualified medical practitioner who is licensed to practice in Canada complete this form.

While some requests may result in a transfer to another Toronto Seniors Housing unit, Toronto Seniors Housing will always try to reasonably accommodate the need in the current unit before considering a transfer.

If you need this information in an alternative format or another language, please contact the Tenant Support Centre at 416-945-0800.

Important note to licensed healthcare professionals and their patients:

- The use of a **scooter** or **walker** does not necessarily qualify a patient for a modified unit or a transfer to another unit.
- **Modified units** provide varying degrees of modifications and accessibility depending on individual need.

PATIENT INFORMATION

To be completed by a qualified medical practitioner who is licensed to practice in Canada:

1.	Patient details: First name: _____ Last name: _____ Address: _____ Unit #: _____ Date of birth (mm/dd/yy): _____ Parent/Guardian's name (if patient under 18): _____
2.	How many years has this patient been under your care? _____
3.	You understand and agree that you are providing your own qualified medical opinion with respect to the facts stated in this form and you understand and agree that when this form refers to a "medical reaction", the reaction referred to is one that is outside the range of how an average person would react. <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Please provide your medical opinion with respect to the patient's functional abilities that are relevant and apply. Include additional details in section 6. If the ability is not relevant to the request, place a diagonal line through the text box.

a.	Walking <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100-200 metres <input type="checkbox"/> Other (specify)	Standing <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (specify)	Stair Climbing <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (specify)
b.	Sitting <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 min <input type="checkbox"/> 30 min-1 hour <input type="checkbox"/> Other (specify) <hr/>	Lifting Floor to Waist <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Other (specify) <hr/>	Lifting Waist to Shoulder <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kg <input type="checkbox"/> 5-10 kg <input type="checkbox"/> Other (specify)
c.	Hearing: able to hear in-suite and building smoke and CO alarms <input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing: Other relevant restrictions (specify)

d.	<p>Chemicals or Scents</p> <p><input type="checkbox"/> No restrictions/full abilities</p> <p><input type="checkbox"/> Medical reaction triggered by scent</p> <p><input type="checkbox"/> Medical reaction triggered by touch</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p>	<p>Chemicals or Scents: How long after exposure does reaction subside?</p> <p><input type="checkbox"/> Within 5 minutes (e.g. of mopping floor)</p> <p><input type="checkbox"/> 5-15 minutes</p> <p><input type="checkbox"/> 15-30 minutes</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p>	<p>Chemicals or Scents: Distance from patient</p> <p><input type="checkbox"/> Within 5 feet from areas patient occupies</p> <p><input type="checkbox"/> 5-20 feet from areas patient occupies</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p>
e.	<p>Chemicals/Scents: The following chemicals or scents cause a medical reaction (list names of chemicals and severity of reaction):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
f.	<p>Environmental exposure</p> <p><input type="checkbox"/> No restrictions/full abilities</p> <p><input type="checkbox"/> Medical reaction triggered by heat (specify temperature, duration and reaction)</p> <p><input type="checkbox"/> Medical reaction triggered cold (specify temperature, duration and reaction)</p> <p><input type="checkbox"/> Other (Specify)</p> <p>_____</p>	<p>Noise</p> <p><input type="checkbox"/> Within 5 feet from areas patient occupies</p> <p><input type="checkbox"/> 5-20 feet from areas patient occupies</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p>	

5.	<p>Please provide your medical opinion with respect to the patient's functional restrictions that are relevant and apply. Include additional details in section 6.</p> <p>If the ability is not relevant to the request, place a diagonal line through the text box.</p>													
a.	<p>Bending/twisting or repetitive movement (specify) <input type="checkbox"/></p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Limited use of hands:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Left</th> <th style="text-align: right;">Right</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> gripping</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> pushing/pulling</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> twisting</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> hand strength</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> other (specify)</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table> <hr/>	Left	Right	<input type="checkbox"/> gripping	<input type="checkbox"/>	<input type="checkbox"/> pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/> twisting	<input type="checkbox"/>	<input type="checkbox"/> hand strength	<input type="checkbox"/>	<input type="checkbox"/> other (specify)	<input type="checkbox"/>
Left	Right													
<input type="checkbox"/> gripping	<input type="checkbox"/>													
<input type="checkbox"/> pushing/pulling	<input type="checkbox"/>													
<input type="checkbox"/> twisting	<input type="checkbox"/>													
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<input type="checkbox"/> other (specify)	<input type="checkbox"/>													
6.	<p>Additional comments on abilities and/or restrictions</p> <p>Please note: It is not Toronto Seniors Housing's best practice to provide step-in bathtubs due to flooding issues. Please advise if your patient would benefit by installing a walk-in/roll-in shower with a built-in bench for safety.</p> <hr/> <hr/> <hr/> <hr/> <hr/>													
7.	<p>Does the patient use a mobility device that is medically required?</p> <p>If yes, what mobility device(s) is required (check all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Cane</td> <td><input type="checkbox"/> Stationary walker</td> </tr> <tr> <td><input type="checkbox"/> Gurney wheelchair</td> <td><input type="checkbox"/> Rolling walker</td> </tr> <tr> <td><input type="checkbox"/> Wheelchair stroller</td> <td><input type="checkbox"/> Manual wheelchair</td> </tr> <tr> <td><input type="checkbox"/> Electric wheelchair</td> <td><input type="checkbox"/> Scooter</td> </tr> <tr> <td><input type="checkbox"/> Hoyer lift</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Cane	<input type="checkbox"/> Stationary walker	<input type="checkbox"/> Gurney wheelchair	<input type="checkbox"/> Rolling walker	<input type="checkbox"/> Wheelchair stroller	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Electric wheelchair	<input type="checkbox"/> Scooter	<input type="checkbox"/> Hoyer lift		<input type="checkbox"/> Other (specify) _____		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> Cane	<input type="checkbox"/> Stationary walker													
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<input type="checkbox"/> Electric wheelchair	<input type="checkbox"/> Scooter													
<input type="checkbox"/> Hoyer lift														
<input type="checkbox"/> Other (specify) _____														

8.	Is the patient currently hospitalized? If yes, is expected discharge imminent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are the functional restrictions temporary and expected to be resolved or substantially resolved within the year (e.g. broken ankle)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Can the patient access and use the bathroom (including bathing or showering facilities) in their current unit? Please note: It is not Toronto Seniors Housing's best practice to provide step-in bathtubs due to flooding issues. Please advise if your patient would benefit by installing a walk-in/roll-in shower with a built-in bench for safety.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	Can the patient use a bathtub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Does the patient require a walk-in/roll-in shower?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Does the patient require additional knee clearance under the sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	For any other requirements the patient has in their bathroom, please explain further in section 6.	
11.	Can the patient access and use the kitchen facilities in their current unit? If no, explain further in section 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	Can the patient access their oven and fridge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Does the patient require additional knee clearance under the sink or kitchen counter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	What is the patient's reach capacity (i.e. ability to access items from kitchen cupboards)? _____ _____ _____	
d.	For any other requirements the patient has in their kitchen, please explain further in section 6.	

12.	<p>Do the functional restrictions prevent the patient from being able to perform activities of daily living in their unit (i.e. self-care, personal hygiene, eating, making decisions, completing tasks, etc.)?</p> <p>If yes, specify:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<hr/> <hr/> <hr/> <hr/>	
13.	<p>What measures might (by the household <i>and</i> by Toronto Seniors Housing) enable the household member to perform activities of daily living in their existing unit?</p> <hr/> <hr/> <hr/> <hr/>	
14.	<p>If the patient is seeking a transfer to another residential unit, what are you expecting the other unit to have (that the patient's current unit does not have) that would address the needs of the patient?</p> <hr/> <hr/> <hr/> <hr/>	
15.	<p>Is the unit causing or contributing to the impairment? If yes, how is it doing so?</p> <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

16.	In your professional opinion, do you believe that nothing short of a move will result in the household member being able to perform activities of daily living in their unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Specific Information related to Request for Additional Bedroom

Important Note to Doctors and their Patients

The City of Toronto has established Local Occupancy Standards for rent-geared-to income housing. These Standards permit a household to qualify for an extra bedroom if:

- A. A spouse who would normally share a bedroom requires a separate bedroom because of a disability. Spouses will not normally qualify for an additional bedroom unless a second bed cannot be accommodated within a shared bedroom.

A household will not qualify for an additional bedroom based on a snoring condition alone.

- B. A room is required to store equipment that a member of the household needs because of a permanent disability, and the equipment is too large to be reasonably accommodated in a unit size for which the household would normally qualify. The following equipment will not normally qualify a household for an additional bedroom:

- i. continuous positive airway pressure (CPAP) machines;
- ii. air-filtration systems;
- iii. vaporizers or humidifiers;
- iv. walkers, wheelchairs, or scooters;
- v. massage tables; or
- vi. exercise equipment.

- C. An additional bedroom is required for an individual who is not a member of the household but who occupies the unit to provide full-time overnight support services to a member of the household. The household must also submit the Caregiver application forms with these types of requests.

When a household requests an extra bedroom for a medical reason, Toronto Seniors Housing must determine if the household qualifies under the Local Occupancy Standards. From time to time, Toronto Seniors Housing may ask for new information to verify that the household still qualifies for the extra bedroom. If the patient is requesting an additional bedroom, please complete the following along with the other information requested above in this form:

17.	Why does a person with this medical condition or disability need an additional bedroom?	
18.	Is a room required to store medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, what is the medical equipment?	
b.	What are the dimensions of the medical equipment?	
c.	The bedroom(s) in this unit are the following size(s) (TSHC staff to complete):	
d.	Can the medical equipment reasonably be accommodated in the current unit? If no, please explain why, and explain what square footage is required: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does your patient's disability require them to have a separate bedroom to accommodate a full-time overnight caregiver who is not part of the household? If yes, what services do they require? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is the need for full-time overnight care long-term? If no, how long will the patient need overnight care? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a full-time overnight caregiver is required, the household must also complete the Home Care Agency's Verification Form, or the Caregiver's Verification Form if the caregiver is not affiliated with a home care agency.		

Licensed Healthcare Professional (LHCP)

I am a (check box that applies):

- | | |
|---|---|
| <input type="checkbox"/> GP/Family Physician | <input type="checkbox"/> Oncologist |
| <input type="checkbox"/> Allergist/Immunologist | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Pulmonologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Clinical Psychologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Other (specify): _____ |

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

LHCP stamp
or
Provincial Registration #

LHCP Name (please print)

Contact Tel. Number

LHCP Signature

Date (mm/dd/yy)

Patient Consent

I understand that Toronto Seniors Housing Corporation requires the personal information requested on this form to determine my eligibility for an accessible unit, unit modifications or other accommodation. I authorize my licensed healthcare professional to release information requested on this form to Toronto Seniors Housing Corporation and I consent to Toronto Seniors Housing Corporation using, verifying, disclosing and retaining this information, my application and any supporting documentation on my housing file to the extent it is necessary in order to respond to my request for accommodation and for related tenancy purposes. For clarity, disclosure may be to an independent medical consultant, to the tenant, to the City of Toronto for the purposes of compliance with the *Housing Services Act*, etc. I understand that Toronto Seniors Housing will not directly contact my healthcare professional without my prior consent. I understand that if I am the patient and not the tenant that the information collected as a result of this form will be shared with the tenant and I consent to this disclosure.

Patient's Name (please print)*

Patient's Signature*

Tenant's Name (if not the patient)

Tenant's Phone Number

Tenant's Account Number

Date (mm/dd/yy)

**If the patient is under 18 or unable to provide consent in writing by reason of physical or mental disability, the consent must be signed by the patient's parent, legal guardian, trustee, or power of attorney for personal care and property.*

The personal information on this form is collected under the authority of the *Human Rights Code*, RSO 1990, c H19 including sections 10, 11 and 17 of that act; the *Housing Services Act, 2011*, SO 2011, c 6 Sched 1 including section 176 of that act and O Reg 367/11 including section 47(1) 5 of that regulation; and/or the *Residential Tenancies Act, 2006*, SO 2006, c 17 including section 10 of that act, and will be used only as is necessary for the purposes of determining an applicant's eligibility for an accessible unit, modifications to their current unit, transfers to another unit, and/or other accessibility/accommodation measures related to the tenancy. If you have any questions about the collection of this information, please contact Toronto Seniors Housing's Information Specialist at 423 Yonge Street, Toronto, ON, M5B 1T2, by phone 416-945-0888 or email solutions@torontoseniorshousing.ca

Duo Consent Form

**RESIDENT CONSENT TO
DISCLOSE INFORMATION**

**Toronto Seniors
Housing Corporation**

Toronto
Community
Housing



423 Yonge Street, 2nd Floor
Toronto, ON M5B 1T2

931 Yonge Street
Toronto, ON M2W 2H2

Toronto Community Housing and Toronto Seniors Housing wish to connect you with services that will assist you in maintaining your residency. In order to do this, we need your consent to disclose your personal information and to discuss your tenancy issues with each other and with third parties.

Tenant's Full Name: _____

Tenant's Address: _____

Tenant's Phone Number: _____

I, freely give my consent to the staff, representative and/or agent of Toronto Seniors Housing Corporation and/or Toronto Community Housing to discuss and disclose the following information about me:

- Rent Arrears/Financial Issues related to my tenancy
- Need for alternative housing related to my tenancy
- Condition of my unit
- My tenancy issues
- Health issues affecting my tenancy
- Accessibility issues affecting my tenancy
- Other please specify:

With/to the following support agency/agencies/individual:

I understand that the information will be disclose to the above mentioned agent/agencies/individuals for the following purpose :

This consent will be valid for a period of one year from the date of the signature below. I understand that I may withdraw my consent at any time by giving written notice to Toronto Seniors Housing or Toronto Community Housing.

Date: (Month,Day,Year)

Signature of Tenant

Name of legal Guardian
if applicable. Printed

Signature of legal Guardian
if applicable

Name of Witness (Printed)

Signature of Witness

I understand that I may withdraw my consent at any time

Distribution: Original to tenant file/tenant/guardian. Copy to agency/agencies/individuals

PRIVACY NOTICE: The personal information requested on this form is collected under the authority of the Housing Services Act 2006 and s.28(2)of the Municipal Freedom of Information and Protection of Privacy Act. This information will be used and disclosed for the purpose of connecting you with Services to maintain your residency. If you have any questions about the collection or disclosure of this information, please contact the Information Specialist at Toronto Seniors Housing by email at solutions@torontoseniorshousing.ca or call 416-945-0888

Written and developed by:



The R-PATH Committee

(Responsible Personal Accessibility in Toronto Housing)

In collaboration with

Toronto Community Housing Management and Staff

You can contact The R-PATH Committee at:

cbirch619@msn.com or: 647-201-7941

You can contact the Accessibility Program
through your Seniors Services Coordinator
or contact the Tenant Support Centre at: 416-945-0800