

Housing Division Notice

Date: October 01, 2003

HDN# 2003 - 59

This applicable legislation/policy is to be implemented by the housing provider(s) under the following programs:

Please note, if your program is **not checked**, this change is **not applicable** to your project.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Federal Non-Profit Housing Program

Private Non-Profit Housing Program

Co-operative Non-Profit Housing Program

Municipal Non-Profit Housing Program (Pre-1986)

Local Housing Corporation

Subject: INDEPENDENT LIVING ASSESSMENT FORM

Background:

The Social Housing Reform Act, 2000 states that in order to eligible for rent-geared-to-income assistance, individuals must be able to live independently or independently with support services, which they must obtain themselves.

The Housing Access Centre currently uses this form as part of the requirement of determining eligibility. At the September meeting of the Social Housing Operational Advisory Committee, members requested that this form be made available to Housing Providers for their use.

Action:

Housing Providers to make use of the Independent Living Assessment form as part of their responsibility of determining continued eligibility for rgi assistance.

Louise Stevens
Director of Housing

Attachment



**HOUSING ACCESS CENTRE
379 DUNDAS ST. SUITE 116
LONDON, ON N6B 1V5**

Telephone: (519) 661-0861

Fax: (519) 661-4466

INDEPENDENT LIVING ASSESSMENT

Applicant's name (please print): _____

Address: _____

The above named applicant has applied for rent-gear-to-income assistance. In order to be eligible, the applicant must be able to live independently in a housing unit with or without support services. If support services are required they must be arranged for by the applicant prior to housing.

The information provided is collected by the City of London Housing Access Centre on behalf of Housing Providers in the City of London and the County of Middlesex, pursuant to the Social Housing Reform Act (2000), O. Reg. 298/01, Section 7(1a), (2).

An applicant who can cope in an independent living situation must be able to meet the following requirements:

1. Able to manage the activities of daily living such as:
mobility budgeting housekeeping cooking personal hygiene
2. Able to assume the responsibility of a tenant/member under the Tenant Protection Act and/or The Co-operative Corporations Act, which includes paying rent/member charge and maintaining the unit in a good state of repair.
3. Be in receipt of any needed support services, such as:
 - Case management
 - Life skills training
 - Social or vocational/rehabilitation services
 - Treatment program, such as assessment and counseling

Please complete the following:

- a. Is there a substitute decision maker in place for financial affairs? Yes ____ No ____
Contact name and phone number _____
- b. Do you have the ability to read and/or write? Yes ____ No ____

THIS REPORT WILL REMAIN CONFIDENTIAL

RELEASE BY APPLICANT:

I hereby authorize the release of any required information to the Housing Access Centre. I fully understand that the information being provided will be used in the evaluation of my application for rent-gear-to-income housing. I hereby authorize the Housing Access Centre to retain the information provided on file and provide a copy to the Housing Provider if requested.

Witness

Applicant Signature

Date

**REQUEST FOR MEDICAL INFORMATION
(To be completed by Physician)**

Your patient has applied for rent-geared-to-income housing. Under the Social Housing Reform Act (2000), an individual must be able to live independently in a housing unit, with or without the aid of support services. Independent living requirements have been listed on previous side. Please be as specific as possible in your evaluation so that we may make a decision as to whether the accommodation the applicant has chosen meets their needs. The information will remain confidential.

1. What is the Medical Diagnosis, Duration and Level of Disability. _____

2. How are the medical problems aggravated by the present accommodation? Please explain. _____

3. Is the applicant in a hospital or other medical facility and able to return to their place of residence? Yes ____ No ____ Explain. _____

4. Will the applicant require any special features such as: wheelchair access, grab bars, other? Please explain. _____

5. What other kinds of service are in place or being recommended for this applicant in order to live independently? Please explain. _____

NAME OF PHYSICIAN:(please print) _____

Signature: _____ Date: _____

Address: _____ Telephone: _____

The Physician may give this form to the applicant, mail or fax it to the Housing Access Centre.

**CONFIRMATION OF SERVICES FOR INDEPENDENT LIVING
(To be completed by support service agency)**

Agency name: _____

Address: _____

Contact: _____

Phone number: _____ **Fax number:** _____

The above noted applicant has indicated that:

- A. he/she is currently receiving services from your agency and/or
- B. he/she has arranged for services to be put in place with your agency and that these services will coincide with the date he/she will be housed

Please indicate on a separate agency letterhead what services and frequency your agency is presently or will be providing to assist the applicant with independent living.