



Request for Urgent Medical Status

Housing Access Centre (HAC) / Centre d'accès de logement
Citi Plaza | 355 Wellington Road | Suite 24, 2nd Floor | London ON N6A 3N7
Tel: 519 661-0861 | Fax : 519-661-4466
E-mail: hac@london.ca

For office use only

Client number

Definition of Urgent Medical Status

A licensed Physician 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.
- Have a licensed physician complete Section 3, 4, and 5 outlining the medical condition.

Please Note:

- The Physician 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 Physician report must include their official stamp and the signature of the Physician.

Information

As receiving Urgent status may allow applicants to move ahead of other applicants on the waiting lists for housing, the Housing Access Centre must ensure that this status is reserved for those who truly need it.

All information disclosed to the Housing Access Centre (HAC) will remain confidential.

Note: Deliberately providing false or inaccurate information for the purpose of receiving priority for RGI assistance will affect your status and eligibility for housing.

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.

Section 1: Applicant Information

The person applying is the applicant					
Last name		First name		Middle initial(s)	
Home Phone #:		Can we call you at home? <input type="radio"/> Yes <input type="radio"/> No		Mobile Phone #:	
				Can we call you on mobile? <input type="radio"/> Yes <input type="radio"/> No	
Work Phone #:		Extension #:		Can we call you at work? <input type="radio"/> Yes <input type="radio"/> No	
				Email	
Apartment/Unit #:	Current address			City	Province
					Postal Code
If it is not safe to send mail to your address above, please provide a safe alternative contact information below					
Last name of the contact			First name of the contact		
Apartment/Unit #:	Current Address			City	Province
					Postal Code
Phone number of the contact		Mobile number of the contact		Email	



London
CANADA

Request for Urgent Medical Status

Housing Access Centre (HAC) / Centre d'accès de logement
Citi Plaza | 355 Wellington Road | Suite 24, 2nd Floor | London ON N6A 3N7
Tel: 519 661-0861 | Fax : 519-661-4466
E-mail: hac@london.ca

For office use only

Client number

Page 2 of 4

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 request that my application is given an urgent medical status on the centralized waiting list for subsidized housing.

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

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

I, _____ hereby authorize and consent to the disclosure to HAC of
(Full name of applicant)

information and documents required by HAC for the purpose of verifying the statements on this form and assessing my eligibility for Urgent Medical status.

Signature of applicant (or a person authorized to sign on their behalf)

Date

Section 3: Physician's Information

Patients are applying for Urgent Medical Status for Rent-Geared-To-Income assistance. The Urgent Medical Status is only assigned for medical reasons if an applicant has 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 dependant(s) should they be required to wait a prolonged period of time for housing.

General statements indicating that the client will simply benefit from a certain type or location of the unit are insufficient.

The physician may give this form directly to the patient or by mail to the Housing Access Centre at the address on page 4.

To be completed by the physician

Physician full name

Organization name (if applicable)

Telephone #:

Email

Address

City

Province

Postal Code

Section 4: Patient Information

The Physician must complete this entire section:

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 if required.

The Patient's full name

How long has the patient been under your care?



Request for Urgent Medical Status

Housing Access Centre (HAC) / Centre d'accès de logement
Citi Plaza | 355 Wellington Road | Suite 24, 2nd Floor | London ON N6A 3N7
Tel: 519 661-0861 | Fax : 519-661-4466
E-mail: hac@london.ca

For office use only

Client number

Page 3 of 4

Primary diagnosis

Primary prognosis

Secondary diagnosis

Secondary prognosis

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

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

Short term duration of: 6 months 12 months 24 months

Please indicate how their current accommodation poses a serious risk to the patient in the space below.

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

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

Please explain the services that are or will be in place to ensure independent living in the space below.

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



London
CANADA

Request for Urgent Medical Status

Housing Access Centre (HAC) / Centre d'accès de logement
Citi Plaza | 355 Wellington Road | Suite 24, 2nd Floor | London ON N6A 3N7
Tel: 519 661-0861 | Fax : 519-661-4466
E-mail: hac@london.ca

For office use only

Client number

Page 4 of 4

Additional bedroom request. Please explain if the applicant requires an additional bedroom for medical reasons (e.g. storage of medical equipment, oxygen tank, wheelchair, walker, etc.).

Section 5: Physician's Verification and Declaration

To be completed by the physician:

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

Physician to place
office stamp here

Signature of physician

Date signed

The Request for Urgent Medical Status form and attached documents can be submitted with your basic application for Rent-geared-to-income housing.

Your complete application can be mailed, emailed, or delivered to:

The Corporation of the City of London
Housing Access Centre
Citi Plaza, 355 Wellington Street
Suite 248, 2nd Floor
London, ON N6A 3N7
Email: hac@london.ca

APPLICATIONS WILL NOT BE ACCEPTED BY FAX

Inquiries can be directed to 519-661-0861