

Unit Modification Request Form – Medical

This form is to be completed by the tenant and the tenant’s health care professional when a unit modification is required to accommodate a tenant’s medical need(s).

Modified units vary by property and with varying degrees of modifications and accessibility. For accessible units, availability of modified units is limited, and flexibility of housing preferences will determine placement. A modified unit is generally needed for household members who are confined to a wheelchair and/or due to medical conditions will benefit from selective modifications.

Dependant on the required modifications the tenant may need to relocate within the LMCH portfolio of properties or provide recommendation to a suitable facility.

Section 1: Consent and Release – Tenant to Complete (If the Patient is less than 16 years of age, a parent/guardian must complete and sign below)	
I understand that LMCH requires the requested personal health information to determine the eligibility for a modified unit. I authorize the assigned health care professional to release the information requested on this form to LMCH; and I consent to LMCH using, verifying, and retaining this information in my tenant file.	
Patient or Parent /Guardian Name (Print First, Last - if different from Main Applicant)	
Patient or Parent/Guardian Signature	Date:

Section 2: Main Applicant Information (Please Print)		
Applicant First Name		Applicant Last Name
Telephone Number		
Street Number	Street Name	Suite/Unit Number
City/Town	Province	Postal Code

The below sections to be completed by a health care professional.

Your patient is requesting a modification to a unit in rent-gear-to-income housing. LMCH is committed to the best of their abilities to meet these requirements. Due to existing layouts and conditions of our properties not all requests can be fulfilled at the resident's current residency. If we are unable to meet those needs, LMCH will work with the tenant to find adequate accommodations within the portfolio or provide recommendations to a suitable facility.

Section 3: Patient Medical

Description of disability or medical condition: (please print, avoiding acronyms or jargon)

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Can this person live:

Independently With Assistance

Is the unit modification required permanently **or is it temporary**

If this is a temporary requirement, please indicate estimated weeks/months. _____

Does the patient use a mobility device?

Wheelchair Scooter Walker Other: _____

Section 4: Unit Modifications Request

Describe in detail the modifications required to meet the needs of the applicant.

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Section 5: Health Care Professional's Release

To be filled out in its entirety.

<p>I hereby certify that this information represents my best professional judgment and is correct to the best of my knowledge.</p>	<p>Space for Physician's Stamp</p>
<p>_____</p> <p>Health Care Professional's Name (printed)</p>	
<p>_____</p> <p>Organization</p>	
<p>_____</p> <p>Signature</p>	
<p>_____ _____</p> <p>Date Telephone</p>	
<p>Email: _____</p>	

- ❖ An LMCH employee may contact the health care professional for clarity and may ask the professional to conduct a preliminary walk through of the residence to ensure modifications can be met and meet the needs of the tenant.

Once completed return this form by mail, email, or in person to

Attention:
London & Middlesex Community Housing
1299 Oxford Street East, Unit 5C5
London, ON N5Y4W5

Email: care@lmch.ca

Subject Line: Medical Modifications

An advisor will contact you within 10 business days to review next steps.

OFFICE USE ONLY	
Received Date:	Received by: _____ Name
	Forward To: _____ Name