





**LONDON & MIDDLESEX**  
COMMUNITY HOUSING

| Please Check All Unit Modifications that are Required to Accommodate the Tenant's Medical Need |  |
|--|--|
| <b>Standard Project</b>  | <input type="checkbox"/> Automatic Door Opener <input type="checkbox"/> Stove with Accessible Controls at Front<br><input type="checkbox"/> Smoke Alarm with Strobe Light <input type="checkbox"/> Grab Bars in Bathroom<br><input type="checkbox"/> Braille signage <input type="checkbox"/> Raised Toilet Seat   |
| <b>Construction Project</b>  | <input type="checkbox"/> Tub Cut Out <input type="checkbox"/> Tub to Shower Conversion<br><input type="checkbox"/> Accessible wheelchair lift <input type="checkbox"/> Lowered electrical switches<br><input type="checkbox"/> Widened doorways and hallways throughout unit<br><input type="checkbox"/> Modified kitchen with features such as lowered kitchen counter and sink<br><input type="checkbox"/> Modified bathroom with features such as wheel in shower and grab bars |
| <b>Other</b><br>(please specify)   |  |

| Health Care Professional's Release  |   |
|---|---|
| I hereby certify that this information represents my best professional judgment and is correct to the best of my knowledge. | <b>Space for Physician's Stamp</b><br>(if applicable) |
| <hr/> Health Care Professional's Name (printed)   |   |
| <hr/> Organization  |   |
| <hr/> Signature   |   |
| <hr/> Date  | <hr/> Telephone                                       |

**\*\*Complete this form and return by mail, email, or in person to\*\***

**London & Middlesex Community Housing**  
 1299 Oxford Street East, Unit 5C5  
 London, ON N5Y 4W5  
 Tel: 519-434-2765, Email: [accessibility@lmhc.ca](mailto:accessibility@lmhc.ca)