



Request for an Additional Bedroom Form Disability or Medical Condition



Name: _____

Date of Birth: _____

File Number: _____

Address: _____

Information for Applicants

You have indicated on your Rent-Geared-to-Income (RGI) application form that you wish to apply for an **additional bedroom** above the number of bedrooms your household qualifies for under the local occupancy standards. A request for an additional bedroom must include the following;

- This form, "Request for an Additional Bedroom" to be completed by the applicant

AND the relevant documentation from the list below:

- Verification and declaration completed and signed by a licensed Health Care Professional or
- Verification in the form of an employment contract or notarized agreement

In order to avoid any delays in processing your request for an additional bedroom, please ensure that all sections of the form are completed. All information disclosed to The Registry will remain confidential.

Please return the form by mail to: The Registry
240 Catherine Street, Suite 110
Ottawa, Ontario K2P 2G8

Instructions

The City of Ottawa has established Local Occupancy Standards for Rent-Geared-to-Income (RGI) assistance. This form is required for households who wish to request an additional bedroom for medical reasons.

This form must be completed by a qualified Health Care Professional who knows the applicant well enough to comment on their medical condition or disability that may require an additional bedroom.

The following qualified Health Care Professionals must complete pages 3 - 5 of this form:

- Family doctor or other physician
- Psychiatrist
- Physiotherapist
- Psychologist or Psychological Associate
- Occupational Therapist
- Registered Nurse / Nurse Practitioner

Occupancy Standards are reviewed on an annual basis, therefore households may be asked to provide new information to verify that they still qualify for the extra bedroom.

This section of the form is to be completed by the applicant

Reason for Requesting an Additional Bedroom

Please select the appropriate type of request below

1. Disability or Medical Condition

- ☐ **Spousal:** You or your spouse have a disability or a medical condition that makes it reasonably necessary to have separate bedrooms.
- ☐ **Medical Equipment:** A member of your household has a disability or medical condition that requires a bedroom to store medical equipment that is too large to be reasonably accommodated in the number of bedrooms your household would normally qualify for under the local occupancy standards.
- ☐ **Caregiver:** A member of your household has a disability or medical condition that requires a bedroom to accommodate an individual who provides full-time, overnight support services because of the household member's disability or medical condition. There must be a formal written agreement demonstrating a professional relationship between the individuals. Along with confirmation from a licensed physician (Health Care Professional), please provide an employment contract or notarized agreement detailing the necessary support services and professional relationship.

Number of bedrooms I/we are applying for? _____

I, _____ (print name), hereby request an additional bedroom and authorize and consent to the disclosure to The Registry, on behalf of the City of Ottawa as Service Manager, information and documents required for the purpose of verifying the information and documentation provided to determine my eligibility for an additional bedroom.

Applicant Signature: _____

Date: _____

This section of the form is to be completed by your Health Care Professional

Your patient is applying for Rent-Geared-to-Income (subsidized) housing and is requesting an additional bedroom due to a medical condition or disability. Please select the appropriate reason and describe the aspects of your patient's medical condition or disability which may qualify them for an additional bedroom. This information will be used to determine whether it is reasonably necessary for your patient to have an additional bedroom due to a medical condition or disability. It is important to be as detailed as possible for The Registry to be able to make a decision.

Health Care Professional Information	
Practice Name:	
Health Care Professional Name (please print):	
License #:	
Address:	
Telephone Number:	

How long has the patient been under your care?	
Please select the appropriate reason for which your patient, in your opinion, may qualify for an additional bedroom due to a medical condition or disability	
1) Spousal:	
☐	Due to a medical condition or disability, one of the spouses requires their own bedroom. An additional bedroom is not considered reasonably necessary for snoring, sleep apnea machines and/or related equipment, frequent nocturnal urination, restless leg syndrome, and insomnia.
Please describe the aspects of your patient's medical condition or disability so The Registry can determine if it is reasonably necessary for them to have an additional bedroom due to their medical condition or disability.	
☐	Additional information attached

This section of the form is to be completed by your Health Care Professional

2) Medical Equipment:

Due to a medical condition or disability, a member of the household requires a bedroom for medical equipment.

- ☐ Equipment that will not normally qualify a household for an additional bedroom includes continuous positive airway pressure (CPAP) machines, air-filtration systems, vaporizers, humidifiers, walkers, wheelchairs, scooters, massage tables, and exercise equipment.

Please complete the following information if the request for additional bedrooms is for medical equipment.

What is the medical equipment to be stored?

How many pieces of equipment are needed?

How large are the pieces of equipment?

Has the patient and their living conditions been assessed by a licensed occupational therapist?

Is the medical equipment needed to sustain the life of the patient?

Is this equipment needed for long-term (over 1 year)?

Why would the equipment require a full bedroom versus a storage area such as a closet or uninhabitable basement?

[illegible]

- ☐ Additional information attached

This section of the form is to be completed by your Health Care Professional

3) Caregiver:	
☐	A member of your household has a disability or medical condition that requires a bedroom to accommodate an individual who provides full-time, overnight support services because of the household member's disability or medical condition.
Please describe the aspects of your patient's medical condition or disability that requires a bedroom to accommodate an individual who provides full-time, overnight support services because of the disability or medical condition.	
☐	An employment contract or notarized agreement detailing the necessary support services and professional relationship between the individuals is attached.

Health Care Professional Verification and Declaration	
I certify that this information represents my professional opinion and to the best of my knowledge and belief is true and correct.	
Office Stamp	
Health Care Professional Name (please print)	
Health Care Professional signature	
Date	
Original form is required	

Personal information contained on this form is collected under the authority of Ontario's *Housing Services Act, 2011* sections 57(6), 169(1) and (2), 170(1) (2), 171(1), (3) and (6) *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, C.M.56) and the *Federal Personal Information Protection and Electronic Documents Act* (S.C. 2000, c.5)