

Halton Access to Community Housing (HATCH)
Housing Services Division
Social & Community Services
1151 Bronte Rd. Oakville ON L6M 3L1

Terminal Illness Priority Application

Applicants on the Halton Access to Community Housing (HATCH) waitlist can apply for priority if they are terminally ill with less than 2 years life expectancy.

| Patient Information | | | | |
|---|-----|---------------|--|--|
| Patient Name | | Date of birth | | |
| Address | | | | |
| | | | | |
| Patient Release | | | | |
| I hereby authorize my physician to release the following medical information to the Region of Halton - Halton Access to Community Housing (HATCH). I understand that HATCH will confidentially retained the information in my file. | | | | |
| Patient Signatu | re: | Date | | |
| | | | | |
| | | | | |
| Physician Instructions | | | | |
| Your patient is applying for terminal illness priority on their housing application. You are providing information to help us determine the patient's eligibility. Please complete the sections below. | | | | |
| | | | | |
| Terminal Illness information | | | | |
| Life expectancy is Less than two years More than two years | | | | |
| Diagnosis of illness: | | | | |
| Please provide any additional information that may be helpful: | | | | |

| Medical Considerations | | | | |
|--|---|------------------|--|--|
| Please indicate below if the patient has other medical housing needs: | | | | |
| ☐ Wheelchair accessibility | | | | |
| Does the patient use a wheelch | air? | Does not use one | | |
| Additional information | | | | |
| | | | | |
| | | | | |
| ☐ Medical need for additional bedroom | | | | |
| Why is an extra bedroom required to accommodate the patient's permanent medical condition? | | | | |
| | | | | |
| | | | | |
| | | | | |
| This medical consideration is available to accommodate applicants with permanent medical conditions. For example, additional bedroom is needed for storage of dialysis equipment. This does not include concerns like snoring or sleep apnea, frequent waking, insomnia or temporary medical conditions. | | | | |
| | | | | |
| Physician's Release | | | | |
| I certify that this information represents my professional judgement and is true and correct to the best of my knowledge. | | | | |
| Physician's Name | | DOCTOR STAMP | | |
| Physician's Signature | | | | |
| 1 Trysician's dignature | | | | |
| Phone number: | | | | |
| | | | | |
| Please send this form by | Email: accesshalton@halton.ca | | | |
| email or mail to: | Halton Access to Community Housin 1151 Bronte Road Oakville ON L6M 3 | | | |