

Absence from Unit for Medical Reasons Appendix "B"



Accommodation / Accessibility Request
<p>In the City of Ottawa, a household in receipt of rent-geared-to-income assistance ceases to be eligible if all members of the household are absent from their unit for more than 60 consecutive days or 90 cumulative days within a calendar year unless a member of the household is absent for “medical reasons”.</p> <p>To verify that the household or a member of the household qualifies for the exemption, we require a qualified, licensed medical practitioner to complete this form to confirm that the person is/will be absent from their unit for “medical reasons”.</p> <p>If the member of the household has self-diagnosed the medical condition that has led to the medical reason(s) for the absence, a licenced medical professional’s diagnosis confirming the condition is required in order to be granted the exemption.</p> <p>This confirmation is required every 60 consecutive or 90 cumulative days after an exemption is granted if the person continues to be absent from their unit for “medical reasons”.</p>

Patient information

To be completed by a qualified, licensed medical practitioner:

1.	Patient details:										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">First name:</td> <td></td> </tr> <tr> <td>Last name:</td> <td></td> </tr> <tr> <td>Address:</td> <td style="text-align: right;">Unit #:</td> </tr> <tr> <td>Date of birth (yyyy/mm/dd):</td> <td></td> </tr> <tr> <td>Parent/Guardian’s name (if patient under 18):</td> <td></td> </tr> </table>	First name:		Last name:		Address:	Unit #:	Date of birth (yyyy/mm/dd):		Parent/Guardian’s name (if patient under 18):	
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Last name:											
Address:	Unit #:										
Date of birth (yyyy/mm/dd):											
Parent/Guardian’s name (if patient under 18):											

2.	<p>Is this a new patient? Yes No</p> <p>If no, how many months/years has this patient been under your care?</p>
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3.	<p>Is it your medical opinion that the patient is and/or will need to be absent from their unit for “medical reasons”?</p> <p style="text-align: center;">Yes No</p>
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4. Have you diagnosed the medical condition or reviewed the medical records to confirm the medical condition that has led to the “medical reason(s)”?

Yes No

If no, are you relying on the patient’s self-diagnosis or on the patient informing you of their medical condition that has been previously diagnosed by another health practitioner or medical professional)?

Self-diagnosed Previous Medical diagnosis

If the patient informed you they received a previous medical diagnosis, please specify the medical condition so that it may be confirmed with the diagnosing health practitioner or medical professional.

If the member of the household has self-diagnosed the medical condition that has led to the medical reason(s) for the absence, a licenced medical professional’s diagnosis confirming the condition is required in order to be granted the exemption.

5. How long to do you reasonably expect the patient to be absent from their unit for “medical reasons”?

Expected days:

Start date of absence (yyyy/mm/dd):

You may be asked to provide updates and further confirmation every 60 consecutive or 90 cumulative days if the patient continues to absent from their unit for medical reasons.

Licensed Healthcare Professional (LHCP)

I am a (check all that applies):

GP/Family Physician	Oncologist
Allergist/Immunologist	Ophthalmologist
Cardiologist	Psychiatrist
Dermatologist	Pulmonologist
Neurologist	Rheumatologist
Occupational Therapist	Clinical Psychologist
	Other (specify) :

I hereby certify that this information represents my medical opinion	LHCP stamp or Provincial Registration #
LHCP name (please print)	Contact telephone number
LHCP signature	Date (yyyy/mm/dd)

Patient consent	
<p>I understand that _____ requires the personal information requested on this form to make a decision regarding eligibility for rent-geared to income assistance. I authorize my licensed healthcare professional to release information requested on this form to _____ and I consent to using, verifying, disclosing, and retaining this information, my application, and any supporting documentation on my housing file to the extent it is necessary in order to respond to my request to be absent from my unit for medical reasons. For clarity, disclosure may be to an independent medical consultant, to the tenant, to the City of Ottawa for the purposes of compliance with the <i>Housing Services Act</i>, etc.</p> <p>I also understand that I will be asked to provide updates and further confirmation from a medical professional every 60 consecutive or 90 cumulative days if I continue to absent from my unit for medical reasons.</p>	
Patient's name (please print)*	Patient's signature
Tenant's name (if not the patient)	Tenant's phone number
Tenant's account number	Date (yyyy/mm/dd)
<p><i>*If the patient is under 18 or unable to provide consent in writing by reason of physical or mental disability, the consent must be signed by the patient's parent, legal guardian, trustee, or power of attorney for personal care and property.</i></p>	

The personal information on this form is collected under the authority of the *Housing Services Act, 2011*, SO 2011, c 6 Sched 1 including section 176 and will be used only as is necessary for the purposes of determining an applicant's eligibility for an extended absence from their unit for medical reasons. If you have any questions about the collection of this information, please contact Community Housing Program Manager at 613-580-2424 extension #43240 or 100 Constellation Drive, Ottawa, Ontario.