Attention: Community Housing

Application for Urgent Medical Priority

Urgent Medical Priority status is granted at the discretion of The District Municipality of Muskoka.
To be eligible for Urgent Medical Priority status, an applicant must demonstrate the following:

1. A member of the household is currently experiencing serious medical or health needs which will result in *severe hardship* and/or *extraordinary personal safety risk* if the household is required to wait a long period of time for different housing; **and**

2. A licensed physician in Canada has determined that:

   (a) The household member's current housing is detrimental to his or her medical condition;

   (b) Different housing would materially contribute to stabilizing or improving the household member's health; and/or

   (c) The household needs specific support services and must move to different housing in order to be accommodated. This includes life sustaining medical equipment that cannot be stored in the household member's current housing and for which there is no alternate storage.

Note: If a household requires modified or accessible housing, that does not necessarily mean the household is eligible for Urgent Medical Priority status.

To Be Completed by a Licensed Physician in Canada (PLEASE PRINT)

Patient's Name: _____

Patient's Address: _____

Patient's Date of Birth: _____

Please describe the Patient's medical condition/diagnosis: _____

_____

Please describe the short and long term effects of the Patient's medical condition/diagnosis:
_____

_____

Please describe how the Patient's current housing is detrimental to the Patient's medical condition:
_____

_____

COMMUNITY AND PLANNING SERVICES DEPARTMENT
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www.muskoka.on.ca

Planning, GIS and Environment
Phone: 705-645-2100
Fax: 705-645-2207

Children's Services, Community Engagement, Housing, Ontario Works and Seniors Programs
Phone: 705-645-2412
Fax: 705-645-4272

Please describe what physical factors should be considered in determining appropriate housing for the Patient: _____

_____

Please describe how and why the Patient's medical condition will be improved by moving to the type of housing you have described: _____

_____

Please use this space to add any additional comments: _____

_____

Physician Certification

Note: Your Patient is requesting that his or her household be granted Urgent Medical Priority status to receive housing ahead of other households. This priority is reserved for those who have serious medical conditions and whose health would materially improve by moving to different housing. **This priority is granted at the discretion of The District Municipality of Muskoka**.

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Physician Stamp

_____ _____

Physician Name (printed) Physician Telephone Number

_____ _____

Physician Signature Date

Patient Consent and Release

I understand that The District Municipality of Muskoka requires the requested personal health information to determine my eligibility for Urgent Medical Priority status. I authorize my Physician to release the information requested on this form to The District Municipality of Muskoka. I consent to The District Municipality of Muskoka using, verifying, and retaining this information in my Community Housing file.

_____ _____ _____

Patient Name (printed) Patient Signature Date

The personal health information disclosed on this form will be used only for the purpose of determining an applicant's eligibility for Urgent Medical Priority status, and is collected under the authority of the Housing Services Act, 2011, S.O. 2011, c. 6, Sched. 1. In applying for housing with The District Municipality of Muskoka, the applicant consents to the collection, use, and disclosure, including verification, of the information provided to The District Municipality of Muskoka in his or her application and supporting documents.