

Kingston & Frontenac Housing Corporation
119 Van Order Drive
Kingston, ON K7M 1B9

Telephone: (613) 546-5591
Fax: (613) 546-9375

<h2>Request for Urgent Medical Transfer</h2> <p>With Verification of Disability or Medical Condition</p>

A) Applicant Information

Applicant: Surname	Given Name	Date of Birth
Co-Applicant: Surname	Given Name	Date of Birth
Applicants Current Address		
City/Town	Postal Code	
Home Telephone	Work Telephone	E-mail address
()	() Ext.	

INSTRUCTIONS

Please complete and sign this form. The information is to be used in connection with your request for medical urgent internal transfer due to a disability or medical condition, as identified in the Kingston & Frontenac Housing Corporation Urgent Medical Internal Transfer Policy.

The following qualified Health Care Professionals may complete the attached Verification form:

- Family doctor or other physician
- Chiropractor
- Psychiatrist
- Psychologist

Note: Please complete the “Consent to Release Medical Information” (on the reverse) before taking this form to your Health Care Professional. Consent to Release Medical Information must be signed by the member of the household who wishes to apply for a medical urgent internal transfer or a person authorized on their behalf, or as required by the Health Care Professional.

IMPORTANT: The qualified person completing this form may charge you an administration fee for verification of disabilities or medical condition, which charge is your sole responsibility.

B) Consent to Release Medical Information

I am / We are requesting a urgent medical internal transfer due to disability and/or medical condition.

I/We understand that this information will be used for the purpose of verifying my eligibility for a urgent medical internal transfer under the Housing Services Act, 2011. I/We fully understand the nature and purpose of this consent and give my/our consent and authorization voluntarily.

I/We herby authorize _____ to disclose to Kingston & Frontenac Housing Corporation the medical and related information requested in the attached Verification of Disability or Medical Condition Form.

Dated the _____ day of _____ 20 _____

Signature _____
(Member of household)

Signature _____
(Member of household)

C) Verification of Disability or Medical Condition
(to be completed by Health Care Professional)

For further information - Please contact:
Kingston & Frontenac Housing Corporation
119 Van Order Drive
Kingston, ON K7M 1B9
Tel: (613) 546-5591

Important message to Health Care Professional:

Please complete and sign this form and return it to your patient/client, or mail or fax it to the Kingston & Frontenac Housing Corporation at the address listed above.

The Applicant listed below is requesting a urgent medical internal transfer to assist them due to a disability or medical condition. The information you provide is to be used to determine eligibility for a urgent medical internal transfer to assist your patient/client. Applicants must be able to live independently.

Your patient/client is solely responsible for any payment related to the completion of this form.

Applicant's Surname (please print)	Given Name	Date of Birth
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Applicant's Current Address

1. Please describe the nature of this patient/client's disability or medical condition(s). Is the disability/medical condition severe and prolonged and is expected to last more than one year?

2. Is the current accommodation exacerbating the medical condition? Please explain.

3. Does the patient/client have any mobility impairments? If so, what requirements does the tenant have? (access to an elevator or a limited number of stairs or a maximum distance from the elevator, for example)

4. Please describe if or how a different unit, if allocated, will assist or relieve the medical condition of your patient/client:

5. Additional Comments:

D) Professional Contact Information – Note: to Health Care Professional

You may be contacted for further details or to confirm the information contained herein.

Signature of Health Care Professional

Date

Name (please print)

Profession

Agency/Organization

Address

Telephone number

City/Town

Postal Code

Fax Number

Please return this verification form to the patient/client as part of his or her request for a medical urgent internal transfer or mail/send/fax to the:

Kingston & Frontenac Housing Corporation at (613) 546-5591
119 Van Order Drive
Kingston, ON K7M 1B9
or
Fax number (613) 546-9375

Questions should be directed to Kingston & Frontenac Housing Corporation

E) Collection of Personal Information:

Notice with Respect to the Collection of Personal Information

Personal information contained in this form or in attachments is collected by the Kingston & Frontenac Housing Corporation pursuant to the Housing Services Act 2011, Personal Health Information Protection Act as applicable, and will be used only for the purpose of evaluating the household's eligibility for a urgent medical internal transfer due to disability or medical condition under local occupancy standards and under the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act, I give my consent: To disclose the information given on this form to agencies that assist in the provision of affordable housing and social agencies and landlords providing social assistance to me and persons listed in this application.

Questions about this collection should be directed to the General Manager of Kingston & Frontenac Housing Corporation:

119 Van Order Drive, Kingston, ON K7M 1B9 Tel: (613) 546-5591

4. Please mark where you prefer to live. Housing preferences are limited by eligibility requirements. If you do not mark any preference, your name will be added to all lists for which you are qualified under local occupancy standards and eligibility requirements.

City Central

City North

Rural

You may also select specific project addresses (with the exception of overhoused tenants, which are “geographic area”). Please indicate your interest in specific project addresses on the checklist below: *** Indicates Rent Supplement Units**

Address City Central			Address City North			Address Rural		
Location	# of bedrooms		Location	# of bedroom		Location	# of bedrooms	
205 & 381 Bagot Street	1		80 Daly Street	3, 4, & 5		Verona 6094 Carlton Drive – Hwy #38, South Frontenac- Portland Township	1	
Curtis Crescent	3, 4, & 5		1130 Montreal St.	2, 3, & 4				
Nickle Avenue	3, 4, & 5		Weller Avenue, Wilson & Compton Street	2, 3, & 4 1,2,3, & 4 2,3, & 4				
28 & 36 Cliff Crescent	1,2,3,4, & 5		300 & 312 Conacher Drive	1, 2, & 3				
123/125 & 111 Van Order Drive	Bachelor & 1							
44 & 62 Old Oak Road	1 *		Ford Street	4				
180, 200, 204 & 286 Queen Mary Road	1 & 2 *		Drennan Avenue	3 & 4				
94 Wright Crescent	1 & 2 *		Barbara Avenue	3 & 4				
290 Bath Road	1 & 2 *		Butler Street	4				
523 Portsmouth Ave.	1 & 2 *		722 & 766 John Counter Blvd.	1 & 2 *				
844 Princess Street	1 & 2 *		47 & 67 Village Drive	1 & 2 *				
117 Park Street	1 *		7 & 25 Briceland Street	2 *				
130 Parkway Street	1 *		16 & 42 Leroy Grant Drive	1 & 2 *				
810 & 820 Castell Road	1 *							
300 Regent St.	1 *							

I declare that all information given in this Internal Transfer Request is correct and complete. I agree to provide any supporting material as may be required. I understand and agree that

if accommodation is provided to me the unit will be occupied by only myself and the persons listed on this internal transfer request.

This request must be signed by all household members 16 years of age and older.

Signature(s): _____

Date: _____

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Personal information contained in this form or in attachments is collected by the Kingston & Frontenac Housing Corporation pursuant to the Housing Services Act, 2011, Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m. 56) and will be used to determine eligibility for a transfer to another rent-g geared-to-income unit in a housing project operated by Kingston & Frontenac Housing Corporation.

Questions about this collection should be directed to:

**Applicant/Tenant Support Services
Kingston & Frontenac Housing Corporation
119 Van Order Drive, Kingston, ON K7M 1B9
(613) 546-5591 ext #116 or ext #123**