

REQUEST FOR URGENT HOUSING CRISIS STATUS

This section to be completed by Patient/Client

Last Name: _____ Given Name(s): _____ DOB: _____

Address: _____

Does present accommodation have an elevator or lift? Yes or No If no, how many stairs? _____

Signature of Patient/Client: _____ Date: _____

This section to be completed by Health Care Professional

***Important message to Health Care Professional:**

THIS FORM SHOULD NOT BE COMPLETED BASED ON FINANCIAL NEED.

Urgent Medical Status is reserved for applicants who are physically unable to reside in their current accommodation due to a Serious and Immediate Health Risk that can only be addressed by a move to alternate accommodations (i.e. applicant now requires use of wheelchair and currently resides in third floor apartment with no elevator).

By completing this form, you are requesting that your patient be placed in priority sequence above all other applicants on Hastings County's centralized waiting list for geared-to-income housing.

Please explain the Serious and Immediate Health Risk attributable to your patient's current accommodations and describe exactly what type of accommodation your patient now requires (i.e. elevator equipped building):

Name of Health care Professional:

Phone Number:

Signature:

Date:

Please Stamp Here

ALL INFORMATION IS CONFIDENTIAL