OPPORTUNITIES**LIVE**HERE
mainstay
HOUSING

550 Queen Street East, Suite 150, Toronto, ON M5A 1V2
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mainstayhousing.ca

ACCOMMODATION/ACCESSIBLITY REQUEST

MEDICAL SUPPORT FORM

Name of Tenant Member:	
Tenant Member's Address:	
Tenant Member's date of birth	
Type of Accommodation requested:	

If you are a Mainstay Housing tenant member who requires an accessible unit, unit modification, or other accommodation based on a Human Rights Code identified need, please have a qualified medical practitioner who is licensed to practice in Canada complete this Form. Please return the completed Form to Mainstay Housing.

Mainstay will make best effort to reasonably accommodate the need in the current unit; however, when not possible, an internal transfer to another Mainstay Housing unit will be considered.

Important note to medical practitioners and their patients

Mainstay Housing is a non-profit agency which provides housing and support for individuals with serious and persistent mental health and addiction challenges who are capable of independent living. We have over 1000 residents in a variety of housing options. We are the single largest non-profit provider of supportive housing in Ontario with 41 owned and operated residential locations across Toronto. We also provide rent subsidies and housing support services to our clients residing in private market units.

Mainstay residents are members of the Mainstay's corporation. Our Board of Directors is comprised of tenant members and community representatives. With a safe, affordable base from which to grow, other life changes become possible.

Our primary source of funding is the Ontario Ministry of Health and Long-Term Care. Our physical plant and operational systems are designed to provide the best possible service to our tenant members within the limited available funding and in compliance with legal requirements.

We are able to provide some degree of support through our Supportive Housing Workers, each of whom relates to approximately 60 households. We also work with over 20 other support agencies who refer clients to Mainstay and support them while they reside at Mainstay and it may be appropriate, with consent, to involve these support agencies in some requests for accommodation.

The personal health information disclosed on this form will be used only for the purpose of evaluating the Tenant member's request for modifications. It may be disclosed as required or permitted by law.

The tenant member must complete and sign this section.	
I request the accommodation/modification stated in this form. I consent to my healthcare provider disclosing the personal health information requested on this form to Mainstay Housing for the purpose stated on this form. I consent to Mainstay Housing using and disclosing this information as stated on this form. I consent to my healthcare provider giving Mainstay Housing additional information and clarification that it may request. I understand that if I am the patient and not the lease holder that the information collected as a result of this form will be shared with the lease holder and I consent to this disclosure.	
Signature:	
Date:	

The patient's medical practitioner must complete and sign this section.	
Medical Practitioner's Name:	
Address:	
Phone #:	
What is the requested accommodation?	
How many years has this patient been under your care?	
Is the patient currently hospitalized? If yes, when is the expected discharge date?	
What is the physical limitation and prognosis that makes the requested accommodation to live at Mainstay necessary?	

Modified November 27, 2019

Why does a person with this physical limitation need the requested accommodation?	
Does the patient use a mobility device that is medically required? If yes, please describe.	
Is the patient able to perform activities of daily living in their home (personal hygiene, self-care, eating, making decision, completing tasks etc.? Please explain.	
Do you believe the unit is causing or contributing to the impairment, if yes, please describe.	
What is the expected duration of the need for the accommodation?	
Are there other ways of addressing the needs for which the accommodation has been requested?	
Do you feel Mainstay should make the accommodation in view of competing demands on its limited resources? Please explain.	
Location to install proposed device	
Additional Information about proposed devices (type, weight class, model # etc.)	
Licensed Healthcare Professional. Please check box that applies.	• GP/Family Physician • Allergist/Immunologists/Cardiologists • Oncologist • Ophthalmologist • Occupational Therapist • Clinical Psychologist • Other (specify)
I certify that I have reviewed the first page of this Form and that the information I have provided in this Form represents my best professional judgement and is true and correct to the best of my knowledge.	

Signature:	
Date:	

Please address any questions or concerns relating to this Form and its contents to Mainstay Housing at 550 Queen St. E. Suite 150 Toronto ON M5A 1V2, Attention: Housing Access Coordinator; Phone: 416-703-9266 Ext 249.