



RIVERDALE CO-OPERATIVE HOUSES

1363 Queen Street East, Toronto, Ontario M4L 1C7 Phone: (416) 461-7044 ▲ Fax: 461-7047

685 Queen Street East Medical Verification Form

Completion of this Medical Verification Form is required if you are applying for an accessible or barrier-free unit at 685 Queen Street East. **Sections 4 and 5 must be completed by your physician.** Please complete a separate form for each household member with accessibility needs.

Completed forms can be uploaded as a scan/photo with your online application form or **submitted in a sealed envelope labeled "685 Queen East Medical Verification Form"** to the Co-op's office at 1363 Queen Street East, Toronto, Ontario, M4L 1C7.

Completed Medical Verification Forms are due by Monday July 31, 2023 at 4:00 pm. If you cannot meet this deadline due to circumstance beyond your control (ie. waiting for appointment with physician to complete form), please email 685QueenApplication@gmail.com no later than Monday July 31, 2023 to provide detail on when you expect to be able to submit it.

Section 1: Applicant Information

First Name: _____ Last Name: _____

Address (including postal code): _____

Phone Number: _____ Email Address: _____

Section 2: Consent and Release from Applicant

I understand that Riverdale Co-operative Houses requires the requested health information to determine my eligibility for an accessible or barrier-free unit at 685 Queen Street East.

By this consent, I am hereby authorizing _____ (physician's name) to disclose the information requested on this form to Riverdale Co-operative Houses.

I hereby consent to Riverdale Co-operative Houses collecting this information for the purpose stated above.

Applicant Signature: _____ Date: _____

Section 3: Important Information about Accessible and Barrier-Free Units

There are units at 685 Queen Street East which have been modified to be accessible for people living with physical disabilities who use a mobility device such as a wheelchair. Availability of units is limited. Units may include modifications such as:

- Lowered countertop
- Roll under cooktop
- Handrails or grab bars
- Roll-in shower
- Accessible toilet seat height
- Roll under sinks
- Widened doorways
- Slanted wall mirror

Modifications may vary between units. Barrier-free units may not include all modifications listed above.

To be eligible for an accessible or barrier-free unit:

- An applicant must complete the 685 Queen Street East Application Form for Membership and Accommodation
- One or more household members requires accessibility modifications as a result of a condition that requires the permanent or regular use of a mobility device. The use of a scooter or walker does not necessarily qualify an applicant for a universal barrier-free unit.
- The household member requiring the accessible or barrier-free unit must be able to live independently or has the necessary supports in place to be able to live independently.

Applicants must notify Riverdale Co-operative Houses if their needs change after submission of this medical verification form.

Section 4: Barrier-Free Unit Assessment (TO BE COMPLETED BY PHYSICIAN)

Your patient is requesting an accessible or barrier-free unit at 685 Queen Street East.

1. Does your patient require a mobility device? Yes No

If yes, please indicate which:

- Wheelchair Scooter Walker Other: _____

2. Does your patient require the use of a mobility device on a permanent or temporary basis?

- Permanent Temporary.

If temporary, what is the expected duration? _____

3. Does your patient have a deteriorating medical condition that will increase the need for unit modifications over time?

- Yes No

If yes, please indicate the modifications that are expected and indicate the time frame:

4. Can your patient use a bathtub? Yes No
5. Does your patient require a walk-in or roll-in shower? Yes No
6. Please use this space to add any additional comments that you think are relevant to your patient's request for an accessible or barrier-free unit.

Section 5: Physician's Declaration (TO BE COMPLETED BY PHYSICIAN)

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

Physician's name (printed): _____

Address (including postal code): _____

Phone Number: _____

How many years has this patient been under your care? _____

Physician Signature: _____ Date: _____

Physician's Stamp:

If you have any questions or concerns about the **collecting and sharing of this information**, please contact Riverdale Co-operative Houses at 416-461-7044 ext. 225 (Manager).