



Medical Request for Additional Bedroom

Section 1: Applicant Information (Please Print)

Applicant First Name		Applicant Last Name	
Telephone Number		Email Address	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code

Section 2: Consent and Release from Applicant (Please Print)

(If the Patient is less than 16 years of age, a parent or guardian must complete and sign this section)

I understand that the Region of Durham requires the requested personal health information to determine my eligibility for a modified unit. I hereby authorize my physician to disclose the information requested on this form to the Region of Durham, and I consent to the Region of Durham collecting, using, verifying, and retaining this information on my housing file for the purposes stated above.

Applicant or Parent /Guardian Name

Applicant or Parent/Guardian Signature

Date (mm-dd-yyyy)

Important Information

Applicants must complete and submit a Durham Access to Social Housing (DASH) Waitlist Application either prior to or together with this form for their request for an additional bedroom to be processed. This original form must be submitted a copy will not be accepted. There is a limit of one additional bedroom for medical-related reasons.

When a household requests an additional bedroom for a medical reason, the program administrator must determine if the household qualifies under the local occupancy standards. In some circumstances, you may be asked for new information to verify that the household still qualifies for the additional bedroom.

If a room is required for a live-in caregiver, the caregiver must provide a copy of their employment contract. Under the contract terms it must state that an extra room is to be provided. Caregivers who maintain accommodation elsewhere are not entitled to a bedroom, even if they provide overnight care.

This information is collected under the legal authority of s.29(2) of the Municipal Freedom of Information and Protection of Privacy Act and Section 46 of the Housing Services Act, 2011, section 42(1)1 of the Ontario Regulation 367/11 for the purpose of determining the applicant's eligibility for an additional bedroom for medical purposes. Questions about this collection should be forwarded to the Director of Housing Services, Region of Durham at 605 Rossland Rd E, Whitby ON, L1N 6A3 or 905-668-7711 or 1-800-372-1102. (06-2025)



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Important Information for Health Care Providers

The Region of Durham has established local occupancy standards to determine the eligible bedroom size for DASH waitlist applicants. These standards permit a household to qualify for an additional bedroom based on medical grounds if:

1. A spouse who would normally share a bedroom requires a separate bedroom because of a disability or diagnosed chronic (long-term) medical condition. A household will not normally be considered for an additional bedroom based on conditions such as snoring, sleep apnea, frequent night-time waking, insomnia or any temporary medical conditions alone. However, these conditions may be considered when they are part of, or exacerbated by, a broader medical condition or disability.
2. A room is required to store equipment that a member of the household needs because of a permanent disability or medical condition, and the equipment is too large to be reasonably accommodated in a unit size for which the household would normally qualify.

The following equipment is generally not considered sufficient to warrant an additional bedroom, except in exceptional circumstances where a clear and compelling medical or functional need is demonstrated: Continuous positive airway pressure (CPAP) machines, air filtration systems, vaporizers or humidifiers, massage tables, exercise equipment, and/or storage for walkers, wheelchairs, or scooters.

Note: Medical verification must provide sufficient information to assist in determining if an additional bedroom is required or if the medical condition or disability can otherwise be accommodated. Medical verification only stating that an extra bedroom is required is not sufficient.

Section 3: Description of Need for an Additional Bedroom

(To be completed by Physician/Health Care Provider)

Patient's Name (First, Last):		Date of Birth:	
How many years has this patient been under your care?	Is the patient's condition: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Is the room requested to accommodate a medical condition that will adversely affect the health of one or both spouses by sharing a bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the room requested to store medical equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Please name and/or describe the medical condition:

If indicated that the additional room was required for storage, what medical equipment or supplies need to be stored? Provide details regarding the size and type of equipment that require storage and why a separate room is required.

If indicated that the additional room was required as the patient is unable to share a bedroom, why does this person with this medical condition or disability need an additional bedroom? Provide details on how a separate bedroom would contribute to your patient's overall well-being and management of their medical condition.

Section 4: Physician/Health Care Provider Verification

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

First Name (Print)

Last Name (Print)

Signature

Date (dd-mm-yyyy)

Professional Designation

Telephone Number

Email

Physician's Stamp