



## Request for Transfer—Urgent Medical Status

**Approval for all transfer requests will depend on your rent payment and social history at London and Middlesex Housing Corporation (LMHC) and an inspection of your current unit at the time of offer. Your current unit must be pest free.**

### Application Checklist

**Your completed transfer application *must* include:**

- 1. A completed Applicant Information section
- 2. A completed Declaration and Consent to Disclosure section
- 3. A completed Physician's Information section
- 4. A completed Patient Information section
- 5. A completed Physician's Verification and Declaration section



## Information for applicants

- By completing this transfer application form you are indicating that you have a serious medical condition and you wish to apply for an Urgent Medical Status transfer.
- In order to avoid any delays in processing your transfer request, please ensure that all sections of the application are completed by the appropriate persons.
- All information disclosed to LMHC will remain confidential.
- If you apply for an Urgent Medical Status and it is determined that you have deliberately provided false or inaccurate information, your transfer will be denied.
- **Approval for all transfer requests will depend on your rent payment and social history at LMHC and an inspection of your current unit at the time of offer. Your current unit must be pest free.**

## Definition of Urgent Medical Status

In order for LMHC to consider a household for Urgent Medical Status, a licensed physician must identify that a member of your household has a medical condition and:

- The current accommodation is detrimental to their medical condition, and
- A different unit would contribute to stabilizing or improving the health of the household member, including a need for accessible accommodation, and/or
- The need for specific support services requires a move to a different unit, building or community in order to be accommodated. This includes life-sustaining medical equipment that cannot be stored in the current size of unit, and for which there is no alternate storage provided by LMHC.



# 1. Applicant Information

Last name	Today's date
First name and middle initial	Date of birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number
Home phone	Work phone
Can we call you at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell phone	E-mail address
Current address	
Current unit size <input type="checkbox"/> Bachelor <input type="checkbox"/> 1Bedrm <input type="checkbox"/> 2Bedrm <input type="checkbox"/> 3Bedrm <input type="checkbox"/> 4Bedrm <input type="checkbox"/> 5Bedrm	
Would like to transfer to <input type="checkbox"/> Bachelor <input type="checkbox"/> 1Bedrm <input type="checkbox"/> 2Bedrm <input type="checkbox"/> 3Bedrm <input type="checkbox"/> 4Bedrm <input type="checkbox"/> 5Bedrm	
Name of household member with medical condition (if different from above)	

*I want to relocate to:*

1	
2	
3	
4	
5	
6	



List all the people (other than yourself) who currently live in your home.

	Last name	First name and middle initial	Date of birth	Gender	SIN	Relationship to you
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

List all income for you or the family members listed above.

	Family member with income	Type of income received	Gross monthly income
1			
2			
3			
4			



## 2. Declaration and Consent to Disclosure

*This section must be completed by the person who is requesting the Urgent Medical Status. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the person's behalf by the parent or guardian; an attorney under a power of attorney that authorizes that attorney to give the consent on the person's behalf; or a person who is otherwise authorized to give the consent on the person's behalf.*

I request that my transfer application be given Urgent Medical Status. I declare that everything I have written on this form is true and complete. I understand that all information I give will belong to London and Middlesex Housing Corporation.

I, \_\_\_\_\_, hereby authorize and consent to the disclosure to London and Middlesex Housing Corporation of information and documents required by London and Middlesex Housing Corporation for the purpose of verifying the statements on this form and assessing my eligibility for an Urgent Medical Status transfer.

\_\_\_\_\_  
Signature of applicant (or person authorized to sign on their behalf)

\_\_\_\_\_  
Date signed

*All tenants **over the age of 16** living in this unit must also sign this transfer request.*

\_\_\_\_\_  
Signature of tenant #2

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of tenant #3

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of tenant #4

\_\_\_\_\_  
Date signed

Personal information contained on this form or in attachments is collected pursuant to the *Social Housing Reform Act, 2000, Sections 162, 163, 164 and 165* or the *Municipal Freedom and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, continuation of housing and/or transfer of housing within the London and Middlesex Housing Corporation.



## Information for physician

**Your patient is applying for an Urgent Medical Status transfer.** Urgent Medical Status is only assigned for medical reasons if an applicant has an illness that could become life-threatening as a result of their current accommodations, or poses a serious personal risk to the applicant/co-applicant or dependent should they be required to wait a prolonged period of time for a transfer.

**Please specify the patient's medical condition and how their current accommodation poses such a risk.** General statements indicating that the client will simply benefit from a certain type or location of unit will be considered insufficient.

**This report must include the office stamp and signature of the physician.** Your report will remain confidential.

You may give this form directly to the patient, or mail it to the address at the bottom of this form. Do not fax; original form is required.

### 3. Physician's Information (to be completed by physician)

Name of physician	Organization name (if applicable)
Address	Phone
City, province	Postal code



#### 4. Patient Information (to be completed by physician)

**Physician must complete this entire section. Comments should be CLEARLY PRINTED. All questions on the form must be answered in plain language. Please do not use abbreviations or acronyms. Attach additional sheets or a letter if necessary.**

Patient's name	How long has the patient been under your care?
Primary diagnosis	
Primary prognosis	
Secondary diagnosis	
Secondary prognosis	
Which of the following would you categorize the patient's medical status as?	
<input type="checkbox"/> Life threatening and/or chronic	<input type="checkbox"/> Short term duration:
<input type="checkbox"/> Chronic but not life threatening	<input type="checkbox"/> 6 months
	<input type="checkbox"/> 12 months
	<input type="checkbox"/> 24 months
Please indicate how their current accommodation poses a serious risk to the patient.	



#### 4. Patient Information, continued (to be completed by physician)

**Physician must complete this entire section.** Comments should be **CLEARLY PRINTED**. All questions on the form must be answered in plain language. Please do not use abbreviations or acronyms. Attach additional sheets or a letter if necessary.

Do you feel that your patient is capable of living independently in a self-contained unit?

- Yes                       No
- With support  
(Please explain the services that are or will be in place to ensure independent living.)

If your diagnosis indicates behavior/psychological problems that may be considered anti-social, violent, destructive or self-destructive, please explain.

Additional bedroom request. Please explain if the applicant requires an additional bedroom for medical reasons.

#### 5. Physician's Verification and Declaration

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

Place office  
stamp here

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Date signed

## Attachments

*You may use this page to attach supporting documents.*



## For LMHC Office Use Only (to be completed by LMHC staff)

Overhoused/underhoused
Bedroom size eligible for <input type="checkbox"/> Bachelor <input type="checkbox"/> 1Bedrm <input type="checkbox"/> 2Bedrm <input type="checkbox"/> 3Bedrm <input type="checkbox"/> 4Bedrm <input type="checkbox"/> 5Bedrm
Category <input type="checkbox"/> Immediate <input type="checkbox"/> Urgent Social <input type="checkbox"/> Urgent Medical <input type="checkbox"/> Chronological
Date processed
Staff name
PM supports? <input type="checkbox"/> Yes <input type="checkbox"/> No
Original move-in date
Arrears?
Complaints on file?
Previous transfers?
Other comments (use back if more space needed)
Inspection request to
Date
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
By whom
If NO, reason



## London and Middlesex Housing Corporation Properties

### City of London

#### Adult Buildings

136 Albert Street  
200 Berkshire Drive  
580 Dundas Street  
304 Oxford Street  
241 Simcoe Street  
39 Tecumseh Avenue  
345 Wharncliffe Road North  
349 Wharncliffe Road North  
872 William Street

#### Senior Buildings

30 Base Line Road West (age 60+)  
1194 Commissioners Road West (age 60+)  
632 Hale Street (age 60+)  
170 Kent Street (age 50+)  
202 McNay Street (age 50+)  
85 Walnut Street (age 50+)

#### Family Townhouse Complexes

Allan Rush Gardens (Glen Cairn)  
Boulee Street (Huron Heights)  
Huron Street (Huron Heights)  
Limberlost Road (Whitehills)  
Marconi Boulevard (Trafalgar Heights)  
Pond Mills Road (Pond Mills)  
Southdale/Millbank (Westminster Park)

### County of Middlesex

#### Dorchester

2061 Dorchester Road (for Adults)

#### Glencoe

157 Simpson Street (for Adults)

#### Newbury

7 & 9 Tucker Street (for Families)  
28 & 30 York Street (for Families)  
23 & 25 Broadway Street (for Families)  
10 York Street (for Adults)

#### Parkhill

249 Ellen Street (for Adults)

#### Strathroy

49 Bella Street (for Adults)  
125 Head Street (for Adults)  
346-373 Penny Lane (for Families)



## Rent Supplement Properties (City of London)

Please note that while LMHC administers the Rent Supplement Program for the City of London, **final approval for any application is at the sole discretion of the private landlords.**

There is only a small number of Rent Supplement Units in London, and the turnover is quite low. **Selecting a Rent Supplement property as one of your transfer choices may seriously delay your transfer.**

### 1 Bedroom Apartments (for Adults & Seniors)

430 Adelaide Street North	75, 85 & 95 Fiddlers Green Road
1560, 1570 & 1580 Adelaide Street North	500 & 527 Gordon Avenue
420 Central Avenue	563, 573 & 583 Mornington Avenue
120 Cherryhill Place	585, 595 & 605 Proudfoot Lane
403 & 405 Commissioners Road West	492 Springbank Drive
130 Connaught Avenue	1260 Webster Street
746 Fanshawe Park Road	680 & 690 Wonderland Road South

### 1 Bedroom Walk-Up Apartments (for Adults & Seniors)

1166, 1170, 1174 & 1182 Adelaide Street North  
1203, 1205, 1207, 1209 & 1211 Huron Street  
637, 641 & 645 Kipps Lane

### 2 Bedroom Apartments (for Adults, Families & Seniors)

1560, 1570 & 1580 Adelaide Street North	563, 573 & 583 Mornington Avenue
403 & 405 Commissioners Road West	585, 595 & 605 Proudfoot Lane
130 Connaught Avenue	492 Springbank Drive
746 Fanshawe Park Road	699 Talbot Street
75, 85 & 95 Fiddlers Green Road	1260, 1270 & 1280 Webster Street
500 & 527 Gordon Avenue	680 & 690 Wonderland Road South
80 Highview Avenue	

### 2 Bedroom Walk-Up Apartments (for Adults, Families & Seniors)

1166, 1170, 1174 & 1182 Adelaide Street North	637, 641 & 645 Kipps Lane
135 Connaught Avenue	543 Mornington Avenue
70 & 90 Conway Drive	750, 770 & 780 Viscount Road
1203, 1205, 1207, 1209 & 1211 Huron Street	370 & 388 Wonderland Road South

### 2 Bedroom Townhouses (Families)

295 & 305 Briarhill Avenue  
1374 Savannah Drive

### 3 Bedroom Townhouses (Families)

295 & 305 Briarhill Avenue  
1374 Savannah Drive  
757 Wharnccliffe Road South