



Housing Division
Social Services Department
82 Erie Street, Stratford, Ontario N5A 2M4
Phone: 519-271-3773 Toll Free: 1-800-669-2948

Form 108 - Request for Accommodation

Applicant/Tenant Information

Please check one:

I am applying for social housing

I am a current tenant of the PSHC

Name:

Date:

Address:

City:

Postal Code:

Telephone:

Email:

Accommodation Request

Please check the accommodation you are requesting for yourself or a member of your household (only one request per form):

A ground floor unit or a unit in a building with an elevator

An internal transfer to another building or unit

Permission to smoke cannabis in my unit

An additional bedroom

A unit modification

A wheelchair accessible unit

Other

Describe the type of accommodation you need. Please be as specific as possible. If needed, attach additional pages.



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Describe why this accommodation is needed.

If your Request for Accommodation Form does not contain enough information to allow the Perth & Stratford Housing Corporation (PSHC) to determine an appropriate accommodation, more information will be requested. A copy of the Accommodation Policy (PSHC-006A) is available upon request.

I have read and understand Perth & Stratford Housing Corporation's Accommodation Policy. I understand that the accommodation requested above may not be granted but that Perth & Stratford Housing Corporation will attempt to provide an appropriate accommodation that does not create an undue hardship on the organization. If applicable, I consent to my doctor disclosing the personal health information in the Medical Verification Form. I confirm that the information provided is true and correct to the best of my knowledge.

Name (please print):

Signature:

Date:

If your accommodation request relates to a medical condition (physical or mental) you must have the Medical Verification part completed by your healthcare practitioner.



Medical Verification

This section of the form is to be completed by a tenant's healthcare practitioner and is intended to accompany a tenant's Request for Accommodation Form – Form 108 a

Patient Information

Patient Name:

Date:

Number of years patient in your care:

Accommodation Request

Please check the accommodation you are supporting for your patient (only one request per form):

A ground floor unit

An internal transfer to another unit or building

Permission to smoke cannabis in unit

An additional bedroom

A unit modification

A wheelchair accessible unit

Other:

Accommodation Information

Please describe your credentials and relationship with the patient, which qualify you to provide this recommendation for accommodation.

Does your patient have a disability? Yes No

Describe the nature of your patient's medical condition and the needs and limitations associated with their condition (a diagnosis is not required).

What are your recommendations for accommodating your patient's needs? Please list all the types of accommodation that would be appropriate.

If your recommendation for accommodation includes cannabis consumption, please indicate whether your patient needs to smoke cannabis as opposed to consuming it by other means. (i.e. ingest, topical oil etc.)

If your recommendation for accommodation includes cannabis consumption, please indicate whether your patient needs to consume inside their unit, or whether they can consume outside (for example, on their balcony).

What is the expected duration of your patient's medical condition?

Please add any comments or additional information that you believe is helpful in consideration of the accommodation request.

Healthcare Practitioner Information

Name:

Designation:

Name of Professional Organization:

Address:

Telephone:

Signature:

Practitioners Stamp