



City Hall Annex • 82 Erie Street • Stratford, Ontario • N5A 2M4
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Form 109 - Independent Living Assessment

Name:

Date:

Address:

City:

Postal Code:

Phone:

Email:

The purpose of this form is to identify the level of assistance you require to:

- ✓ Carry out Essential Daily Activities
- ✓ Meet the Obligations of your Tenancy

For each of the daily activities listed below, please check whether you are able to complete the activities on your own or with assistance. If you are able to complete them on your own, please check 'I' for Independently. If you need assistance, please check 'A' for Assistance and provide the name and number of the person or agency that provides you with the support.

Daily Activities		Name	Contact Number
Personal Hygiene	I	A	
Preparing Meals	I	A	
Taking Medication	I	A	
Doing Laundry	I	A	
Shopping, Errands	I	A	
Using Public/Private transportation	I	A	

For each of the Tenant Obligations below, please check whether you are able to complete the activities on your own or with assistance. If you are able to complete them on your own, please check 'I' for Independently. If you need assistance, please check 'A' for Assistance and provide the name and number of the person or agency that provides you with the support.

Tenant Obligations	Name	Contact Number
Comprehending the lease obligations	I	A
Maintaining the cleanliness of the unit	I	A
Operating appliances safely	I	A
Paying your rent on time	I	A
Maintaining reasonable noise levels	I	A
Looking after pets	I	A
Ability to perform yard work	I	A

Is there any information you can tell us about your specific needs and what you need to be able to live independently?

Modified/Accessible Units

Is any household member unable to climb stairs because of a disability or medical condition?

Yes No

Does any household member need an elevator because of a disability or medical condition?

Yes No

Do you require a modified unit (e.g. wheelchair access, physical disability, mobility)?

Yes No

If yes, please have your doctor complete Form 108 – Medical Verification

What are you applying for?

Barrier-free location

Unit modified for a wheelchair

Accessible Parking

What types of special needs do you have?

Wheelchair accessible doors and doorways

Automatic building entry doors

Automatic unit entry doors

Modified bathroom

Modified kitchen

Fire alarms for the hearing impaired

Other

Declaration

I declare that all the information given on this form is true and correct to the best of my knowledge. I have not knowingly left out information or provided false information.

I have attached the **Form 108 – Medical Verification** Yes No

Signature:

Date:

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours.

If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.

Housing Access Centre Office Use Only

Date Received: ___/___/___ yyyy/mm/dd	Access Centre Staff:	<input type="checkbox"/> Reviewed with Manager
<input type="checkbox"/> Can live Independently <input type="checkbox"/> Requires supports to live Independently <input type="checkbox"/> Requires a modified unit to live Independently	<input type="checkbox"/> Supports confirmed ___/___/___ yyyy/mm/dd	<input type="checkbox"/> Entered on modified waitlist ___/___/___ yyyy/mm/dd