

REQUEST FOR URGENT HOUSING CRISIS STATUS

This section to be completed by Patient/Client

Last Name: _____ Given Name(s): _____ DOB: _____

Does present accommodation have an elevator? Yes No

Does present accommodation have a lift? Yes No

Does present accommodation have stairs only? Yes No

Signature of Patient/Client: _____ Date: _____

This section to be completed by Health Care Professional

***Important message to Health Care Professional:**

Urgent Medical Status is reserved for applicants who are physically unable to reside in their current accommodation due to a **Serious and Immediate Health Risk**. This form should **not** be completed based on financial need alone.

By completing this form, you are requesting that your patient be placed in priority sequence above all other applicants on Hastings County's centralized waiting list for geared-to-income housing.

A request for Urgent Medical Status should only be made if it is your professional opinion that your patient is unable to safely reside in their current accommodation due to a **Serious and Immediate Health Risk**.

Please describe the nature of the medical condition(s) that substantiate a need for urgent medical status due to an inability to reside in current accommodations:

Name of Health care Professional:	Please Stamp Here
Phone Number:	
Signature:	
Date:	

ALL INFORMATION IS CONFIDENTIAL