



City of Kawartha Lakes
Human Services
Box 2600, 68 Lindsay Street North
Lindsay, ON K9V 4S7
705-324-9870
cklhumanservices@kawarthalakes.ca

Request and Verification for Accessible and Modified Accommodation

A request for an accessible or modified unit must be made in addition to the Application for Community Housing which can be found on the [Community Housing website](#).

Modified units may have:

- Lowered countertops, roll-in showers, roll under sinks, accessible appliances, wheelchair turning radius (bathroom, kitchen).
- Units may have varying degrees of modifications and accessibility depending on the housing provider.

Accessible units will include at least one of these features:

- Hand rails or grab bars, widened doorways, tub cutouts, automatic doors
- Accessibility features vary between units.

Scooters or walkers (as defined in the Housing Services Act, 2011) do not typically qualify an applicant for a modified unit.

Last Name *

First Name *

Unit/Apt Number

Street Number *

Street Name *

Town

Province *

Postal Code *

Home Phone Number

Cell Phone Number

Date of birth *

Declaration and Consent: This section is to be completed and signed by the applicant, or if the applicant is less than 16 years of age, a parent or legal guardian.

I, the applicant, consent to my doctor verifying and disclosing the personal health information requested in this form for the purposes stated below. I declare 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.

Date: *

Doctor Name: *

Doctor Phone *

Doctor Fax: *

Doctor's Mailing Address *

Applicant Signature *

Please complete the following questions in regards to your needs for accessible accomodation. Applicants and tenants are eligible for a modified unit based on a medical condition or disability.

Do you have a medical condition or disability? *

- Yes
- No

Are these impairments permanent? *

- Yes
- No

Are your impairments caused by your medical condition or disability expected to get worse over time? *

- Yes
- No

Please describe your physical limitations due to your medical condition or disability *

What types of special needs do you or another member of the household have?

Inability to climb stairs because of a disability or medical condition? *

- Yes
- No

Requires a unit in a building with an elevator because of a disability or medical condition? *

- Yes
- No

Accessible Parking *

- Yes
- No

What features are you or another member of the household applying for:

Automatic building entry doors *

- Yes
- No

Fire alarms for those who have a hearing impairment (strobe smoke detectors) *

- Yes
- No

Unit features for those who have a vision impairment *

- Yes
- No

Requires a unit with modifications to support a person using a wheelchair *

- Yes
- No

Existing equipment to support impairments:

Tell us about any other accessibility modifications the household member requires:

Additional comments or notes:

Personal information contained on this form is collected pursuant to the Housing Services Act, 2011, and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy-Clerk at 705-324-9411 extension 1295 or 1322.

As described above, many of the accessible units have varying accessibility modifications. City of Kawartha Lakes Housing Services staff work with applicants to assist them in applying for appropriate housing choices. Once the applicant receives an offer of housing for a unit, they should work with the Housing Provider to ensure that the specific unit meets their accessibility requirements.

For tenants currently in an modified unit, regular verification of need is required to ensure legislative compliance.

Changes to your condition or need for accessible accommodation must be provided to our office within 30 days.