

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 Accommodation

Last Name *	First Name *	Unit/Apt Number	Street Number *	
Street Name *		Town:	Province *	
Postal Code *	Home Phone Number	Work Phone Number (if allowed calls)	Cell Phone Number	
		o be completed and signe a parent or legal guardian		
requested in this form	for the purposes state ct to the best of my kno	ng and disclosing the perse od below. I declare the info owledge. I have not knowli	rmation given on this	
Date: *	Doctor's Name: *	Doctor's Phone Number: *	Doctor's Fax Number: *	
Doctor's Mailing Addre	9SS *	Applicant Signature *		

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.

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. <u>Most apartment buildings provide barrier-free features.</u>

Do you have a medical condition or disability? *	Are these impairments permanent? *	Are your impairments caused by your medical condition or disability expected to get worse over time? *		
Yes	Yes	Yes		
No	No	No		
Please describe your ph	nysical limitations due to	your medical condition or disability *		
Inability to climb stairs I	because of a disability	r member of the household have? Requires a unit in a building with an elevator		
or medical condition? *		because of a disability or medical condition? *		
Yes		Yes		
No		No		
Requires a unit with accessible modifications to support a person with moderate or severe physical disability * Yes No		Requires a unit with accessible modification to support a person using a wheelchair * Yes No		
Accessible Parking *				

Yes

No

What features are you	or another member of the	e household applying for	:
Wheelchair	Lower kitchen	Automatic building	Ac

Wheelchair accessible (wider)	Lower kitchen cabinets and lower	Automatic building entry doors *	Accessible bathroom (roll under sink etc.) *
doors or doorways * Yes	countertops * Yes	Yes	Yes
No	No	No	No
Roll-in shower * Yes No	Accessible Kitchen (roll under sink etc.) * Yes	Fire alarms for those who have a hearing impairment (strobe smoke detectors) *	Unit features for those who have a vision impairment *
	No er accessibility modification	Yes No ns the household membe	No r requires:
Additional comments	or notes:	Existing equipment to	support impairments:

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 modified unit, they should work with the Housing Provider to ensure that the specific unit meets their accessibility requirements.

For tenants currently in an accessible 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.