



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

## Request for Ground Floor Accommodation

Medical Verification - to be completed by a doctor or nurse practitioner

### Patient Information:

Patient's Last Name \*

First Name \*

Date of Birth: \*

Patient's Home Phone Number

Patient's Cell Phone Number

### Doctor's Information:

Date: \*

Doctor's Name: \*

Doctor's Phone  
Number: \*

Doctor's Fax  
Number: \*

Doctor's Mailing Address \*

Doctor's 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 patient's request for ground floor only accommodation. Applicants and tenants who only want offers of ground floor units, must provide medical verification of a condition or disability that requires a ground floor only unit.**

**Most apartment buildings offer elevators or lifts and have a fire safety plan in place to assist those who require assistance in the event of an emergency. Applicants who request ground floor only accommodation can potentially be waiting significantly longer for community housing than others.**

**Does the patient have a mental illness, physical condition or disability? \***

☐ Yes

☐ No

**Are these impairments permanent? \***

☐ Yes

☐ No

**Are these impairments caused by the patient's medical condition or disability expected to get worse over time? \***

☐ Yes

☐ No

**Please describe your patient's physical or mental limitations due to the medical condition or disability, in relation to a request for ground floor accommodation. \***

**Can the physical or mental impairments be addressed within a unit that is NOT located on the ground floor, but has access to a elevator or lift? \***

☐ Yes

☐ No

**Can the physical or mental impairments or concerns be addressed knowing that Housing Providers have to complete a fire safety plan identifying which occupants need assistance during an emergency? \***

☐ Yes

☐ No

**Additional comments or notes:**

Forms completed by Doctor or Nurse Practitioner can be:

mailed to: City of Kawartha Lakes Human Services

Box 2600, 68 Lindsay Street North, Lindsay ON K9V 4S7

emailed: [cklhumanservices@kawarthalakes.ca](mailto:cklhumanservices@kawarthalakes.ca)

faxed: 705-328-2875