

# VANCOUVER NATIVE HOUSING SOCIETY



## MEDICAL DOCUMENTATION: REQUEST FOR LARGER ACCOMMODATION

Please submit this form to your Doctor for completion. Have the Doctor's office fax it back to Vancouver Native Housing Society at fax No. 604 320-3317

TENANT'S NAME \_\_\_\_\_

TENANT'S ADDRESS \_\_\_\_\_

TENANT'S PHONE \_\_\_\_\_

### Physician to fill out this section

Your patient is presently in a \_\_\_\_\_ Bedroom Unit. To qualify for a medical transfer our policy requires a tenant to verify "the unit presently occupied by the tenant is (or will become) injurious to the health of the tenant ...Due to a documented medical condition the tenant can no longer live satisfactorily in their current unit."

- What documented medical or mental health condition necessitates a transfer to a \_ Bedroom or \_\_\_\_\_ Bedroom Handicap Unit for your patient?
- Please explain how your patient's moving to a unit will improve or alleviate their condition? Can you suggest options other than a transfer to improve or alleviate your patient's condition?

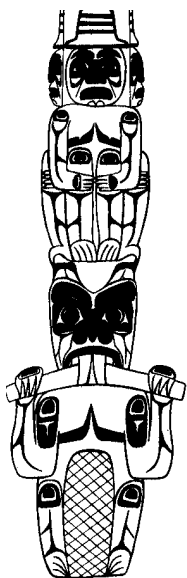
**Please print clearly:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Doctors' Signature/Stamp:**

Please attach extra paper to this form if a longer explanation is required.

**Doctor's Official signature and stamp are required....**

**NOTE:** This form must be **FILLED OUT COMPLETELY** and include specific medical reasons that necessitate being moved to a different type of unit.