

## Caregiver's Verification Form: caregiver not affiliated with a home care agency

Name of person receiving care:	
Tenant's address:	
Tenant's TCH client account #:	
Tenant's phone number:	

<b>Important note to caregivers and those receiving care</b>
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The City of Toronto has established Local Occupancy Standards for rent geared-to-income housing. These Standards permit a household to have an extra bedroom for an overnight caregiver who provides full-time support services needed because of a household member's disability or medical condition.

When a household requests an extra bedroom for a caregiver, Toronto Community Housing must determine if the household qualifies under the Local Occupancy Standards. From time to time, Toronto Community Housing may ask for new information to verify that the household still qualifies for the extra bedroom.

The personal information disclosed on this form will be used only for the purpose of evaluating the household's eligibility for an additional bedroom under the City of Toronto's Local Occupancy Standards under the *Housing Services Act, 2011*. This personal information may also be disclosed to the City of Toronto, solely for the purpose of evaluating compliance with the Local Occupancy Standards. The use and disclosure by Toronto Community Housing Corporation of the personal information in this report will be subject to:

- the *Housing Services Act, 2011*
- the *Health Information Protection Act* as applicable, and
- in the case of the City of Toronto, the *Municipal Freedom of Information and Protection of Privacy Act*.

## Caregiver's Verification Form

The caregiver must complete and sign this section	
Name of Caregiver:	
Name of client that you provide full-time overnight care to:	
Please check the appropriate boxes below:	
<p><input type="checkbox"/> I live in this household solely for the purpose of providing care to the person named above.</p> <p><input type="checkbox"/> I am currently required, under an arrangement with Citizenship and Immigration Canada, to live with a person who requires care. <b>You must provide documentation from Citizenship and Immigration Canada that states the details of this arrangement.</b></p> <p><input type="checkbox"/> The address given above is my permanent address. I understand that my income is part of the household's income for RGI purposes. I moved in with the client on (mm/dd/yyyy): _____</p> <p><input type="checkbox"/> The address given above is <b>not</b> my permanent address. My permanent address is:</p>	
_____	_____
Street #	Street Name
	City
	Postal Code
<b>You must attach proof of your permanent address (lease or letter from landlord)</b>	

Caregiver's Signature	
I certify that the information I have provided is true and correct to the best of my knowledge. The care I provide enables my client to live independently at the address given above.	
Caregiver Signature:	
Date (mm/dd/yyyy):	

*The personal health information on this form is collected under the authority of the Housing Services Act, 2011 and will be used only for the purposes of determining an applicant's eligibility for an additional bedroom and related tenancy purposes.*

*If you have any questions about the collection of this information, please contact: Toronto Community Housing's Legal Services at 931 Yonge Street, Toronto, ON. M4W 2H2, or 416-981-5500*