

REQUEST FOR SPECIAL NEEDS PRIORITY

Information for Applicants

Your application may be given Special Needs Priority ranking on the City's Centralized Waiting List if:

- You are eligible for rent geared to income or affordable housing ; and
- You qualify under one of the categories in the City's Special Needs Policy.

If you want to request Special Needs Priority, you must provide the following:

- A completed Application for Affordable Rental Accommodation in the City of Kawartha Lakes or the County of Haliburton; and
- This form completed by the member of the household who qualifies under the special needs category and the competent assessor who is verifying the support services and needs of that member of the household; and
- Any other information or documents that the City may require to verify eligibility.

Categories of Persons with Special Needs

Category	Description of Special Needs
1	Persons over the age of sixty-five (65) years: <ul style="list-style-type: none"> • assessed by a competent assessor, acting as an agent or employee of Community Care City of Kawartha Lakes (CCCKL), as requiring supportive housing services for seniors provided by CCCKL and funded as such by the Central East Local Health Integration Network (CELHIN); or • assessed by a competent assessor, acting as an agent or employee of the Central East Community Care Access Centre (CECCAC), as requiring CECCAC in-home personal support services funded as such by the CELHIN
2	Persons with physical disabilities assessed by a competent assessor, acting as an agent or employee of KPP, as requiring either supportive housing or attendant care outreach services provided by KPP and funded as such by the CELHIN, and requiring a modified unit
3	Persons with serious chronic mental illness assessed by a competent assessor, acting as an agent or employee of Canadian Mental Health Association Inc., Haliburton and Kawartha Lakes Branch (CMHA), as requiring supportive housing or a similar support service funded as such by the CELHIN
4	Persons of any age with developmental delay assessed by a competent assessor, acting as an agent or employee of Community Living Kawartha Lakes Inc. (CLKL), as requiring supportive housing or a similar support service for persons with developmental delay provided by CLKL and funded as such by the Province of Ontario
5	Persons of any age with physical disabilities assessed by a competent assessor as requiring a modified unit, but who have either not been assessed, or have been assessed and found not to require support services from an agency funded by the CELHIN or the Province; the competent assessor shall be designated by the City at its discretion

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Your Contact Information		
Name:	Cell #:	
Home Telephone:	Can we call you at work:	
Work Telephone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		Apt:
City:	Province:	Postal Code:
Name of Alternative Contact:	Telephone:	Cell Number:

Declaration and Consent to Disclosure	
<p>I, _____ consent to the disclosure of my personal information by the City of Kawartha Lakes (CKL) to the agency (ies) I have indicated below by my initials. I further consent to the disclosure to the CKL of my personal information, including personal health information, by the agency (ies) indicated.</p>	
Agency	Applicant Initials
Community Care Kawartha Lakes	
Canadian Mental Health Association	
Kawartha Participation Projects	
Community Living Kawartha Lakes	
Central East Community Care Access Centre	
Other (Specify)	
<p>I hereby give my consent on the condition that the disclosures of my personal information are for the express purpose of determining my eligibility for affordable housing in a special needs priority category on the City's Centralized Waiting List and for managing my position on the waiting list relative to other applicants. The requirement for this consent has been explained to me. I fully understand its nature and purpose and give it voluntarily. This consent is effective from the date of signing for the duration of time I have an application with CKL unless I withdraw or otherwise change my consent.</p>	
<p>Dated at _____ this _____ day of _____, 20__</p>	
<p>_____ Signature of Witness</p>	<p>_____ Signature of Applicant</p>

REQUEST FOR SPECIAL NEEDS PRIORITY

Competent Assessor's Information and Declaration		
Name:		Position/Title:
Organization:		
Street Address:		Unit/Floor #:
City:	Province:	Postal Code:
Email:	Telephone:	Cell Number:
Note: The applicant's request of special needs cannot be considered without this completed form.		
Based on my review of the categories on page 1, and my assessment of the applicant's service needs, I deem that the applicant meets the criteria for Category # _____ .		
This individual needs and is eligible for support services from our agency.		<input type="checkbox"/> Yes <input type="checkbox"/> No
This individual is currently receiving support services from our agency		<input type="checkbox"/> Yes <input type="checkbox"/> No
I declare the information provided on this form to be true. I understand that the City will rely on the information provided to determine the applicant's eligibility for special needs priority access to affordable housing.		
_____ Competent Assessor's Signature		_____ Date

Return this application or direct questions to:

City of Kawartha Lakes Social Housing Department

322 Kent Street, West P.O. Box 2600

Lindsay, Ontario K9V 4S7

Phone: (705) 324-6401 Fax: (705) 324-0428

Toll Free: 1-800-463-4120