



MOBILITY CHALLENGE APPLICANT MEDICAL VERIFICATION FORM

SECTION 1: To be completed by applicant:

Applicant Name: _____

_____ Date of Birth

I am requesting housing in the community of: _____

I hereby authorize the information requested below to be released to Yukon Housing Corporation for the purpose of determining eligibility and priority for housing and to assist in the identification of support services that may benefit me.

Applicant Signature

Print Name

Date

SECTION 2: To be completed by health care provider*:

This applicant has applied for social housing and is requesting priority consideration which will provide priority ahead of other applicants. **This consideration is only given due to a health condition that is, or is expected to be, of a prolonged nature and for which the required use of stairs by the mobility-challenged person to access the home or to function independently in the home would present a major health risk or impediment.**

Please indicate whether or not there is a mobility issue to warrant special consideration.

Nature of mobility challenge:

Expected duration of the mobility challenge:

Ability to function independently in a home with or without the aid of support services (ie home care).

I hereby verify that the applicant has a health condition for which the required use of stairs by the mobility-challenged person to access the home or to function independently in the home would present a major health risk or impediment.

Provider's Signature

Provider's Printed Name/Position

Date

* Health care provider for the purposes of this document is defined as a physician or a community nurse practitioner.