



YUKON HOUSING CORPORATION
**VERIFICATION FOR
 CRITICAL MEDICAL ACCOMMODATIONS**

Part 1: To be completed by applicant

Applicant name		Date of birth YYYY/MM/DD
I am currently residing in the community of	I am requesting a relocation to 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.		
_____	_____	YYYY/MM/DD
Applicant signature	Print name	Date

Part 2: To be completed by health care provider*

This applicant has applied for social housing and is requesting priority consideration. Priority consideration means this individual may be given priority ahead of other applicants. This consideration is only given due to an individual with a severe, chronic or acute medical/health problem which requires prolonged or recurring treatment, care and/or support that is not available in their present residential location or community.

Indicate whether or not there is a medical condition of sufficient severity to warrant special consideration.

Nature of severe/chronic condition:

Treatment/care or support required which is NOT available in their home community:

I hereby verify that the applicant has a severe, chronic or acute medical/health problem which requires prolonged or recurring treatment, care and/or support **that is not available** in their present residential location or community.

Provider's signature

Provider's printed name/position

YYYY/MM/DD

Date

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