



LANGLEY LIONS HOUSING SOCIETY

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OFFICE 5464 203RD STREET, LANGLEY, BC V3A 0A4

TELEPHONE: 604 530-7171 FAX: 604 530-7104

APPLICANT TO COMPLETE

I hereby authorize the Physician names below to disclose information contained in my medical records to the Langley Lions Housing Society for the sole purpose of determining my eligibility for subsidized housing.

Date: _____

Signature: _____

Name: Please print

Address: _____

City: _____ Postal Code: _____

Dear Physician

Your patient is applying for subsidized housing under our disable client group. To confirm eligibility under this group, documentation is required from you, his/her medical physician, indicating that your patient suffers from a prolonged mental or physical disability which cannot be improved by medical treatment and causes a severe loss or impairment of normal physical and/or mental ability such that he/she is incapable of pursuing or maintaining any substantial gainful employment on a regular basis. To be eligible for subsidized housing, your patients disability must be expected to continue permanently, or for a significant duration, i.e. for several years, that cannot be predicted with any certainty. He/she must also be able to live independently.

Please complete the Section at the bottom of the page and return this letter directly to the Housing Service Department at the address shown on our letterhead. This information will be held in the strictest of confidence.

PHYSICIAN TO COMPLETE

Diagnosis: _____

Relevant Medical History: _____

Treatment/Medication: _____

Summary and Prognosis: _____

Is the Patient able to live independently at this time? _____

In your opinion, is this patient capable of pursuing or maintaining any substantial gainful employment on a regular basis: _____

Physician's Name (Please print)

Signature

Phone Number

Address

Telephone number

() GP

() Specialist: