



# Ontario Renovates Program

Home Renovation Program for Huron County



## Medical Form for Seniors or Persons with Disabilities

To: Medical Professional (Physician, Physiotherapist, Occupational Therapist):

The information requested for the senior or person with disability will be used in connection with the homeowner's application for funding under the Ontario Renovates Program, to carry out remedial modifications to their property.

Name of patient:
How long has the patient been under your care?

Please describe the nature of the condition:

Is the patient's condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Please explain:

Please confirm what modifications to the patient's property are required to accommodate his/her disability: (Please attach further details, if necessary):

Medical Professional's Signature	Date:
Specialization:	

Address and telephone number (please use stamp if available)