



Housing Services Division
 The Regional Municipality of Halton
 690 Dorval Drive, 7th Floor, Oakville, ON L6K 3X9
 Tel (905) 825-6000 1-866-442-5866 Toll Free
www.halton.ca

Community Housing Program Directives

Directive No. 3

Subject: Occupancy Standards

The Directions in this notice are to be implemented by the housing providers administered by the Region of Halton under the following programs.

<input checked="" type="checkbox"/>	Provincially Prescribed Non-Profit and Co-operative Housing Programs, including Public Housing
<input type="checkbox"/>	Federal Non-Profit Housing Programs
<input checked="" type="checkbox"/>	Rent Supplement
<input checked="" type="checkbox"/>	Halton Access to Community Housing (HATCH)
<input type="checkbox"/>	Other –

Effective Date:

January 1, 2021

Authority:

Housing Services Act, 2011 s. 43
 O. Reg. 367/11 s. 42

Purpose:

The purpose of this policy is to set occupancy standards for households to be eligible to receive rent-gearred to income (RGI) assistance.

Background:

The Housing Services Act, 2011 and O. Reg. 367/11 requires service managers to establish occupancy standards regarding the size and type of unit in which an RGI household may reside.

The rules must allow for households to be eligible for a larger unit who have a disability or medical condition or for dependant children living away from home while in school.

Directions:

The occupancy standards apply to incoming RGI households. For current households, the housing provider has discretion to permit a transfer of a household who is considered underhoused under the standards.

Current households who are deemed overhoused under the occupancy standards will be required to transfer to a suitable sized unit in accordance with the procedure for overhoused households (Program Directive No. 4)

Largest Unit

- One bedroom per person
- Spouses/common-law/same-sex partners are required to share a bedroom

Smallest Unit

- One bedroom for every two people in the household
- An additional bedroom if there is an odd number of members in the household
- For couples and single person households, the smallest unit the household is eligible for is a bachelor unit

Note: Housing providers have discretion to house an RGI tenant/member in a smaller unit than they would qualify for under this Program Directive, if the tenant/member agrees and the housing provider ensures that local property standard by-laws are adhered to.

Students Living away from Home

- Children who are students (full or part-time) at a recognized educational institution (defined in *appendix I*) are included as part of the household if,
 - while in attendance at school, does not live with the household and,
 - lives with the household while not in attendance at school and,
 - is dependent in whole, or in part on the household for financial support.

Custody and Access Arrangements

- Children who reside in the unit on a part-time basis are included as part of the household if,
 - The most recent court order, separation agreement or other legal documentation is provided to confirm shared/joint custody or visitation arrangements and,



- The child will stay overnight for a minimum of four (4) visits per month.
- If each parent resides in a separate RGI unit and share custody then it is possible for the child/ren to be included in both households.
- Children in the care of the Children's Aid Society (CAS) are included as part of the household if,
 - Documentation is provided from CAS that demonstrates that it is the intent of CAS to return the child to their parent's care.
 - This is to be reviewed on an annual basis.

Additional Bedrooms, if requested by the household

An additional bedroom may be allowed if one of the household members requests a separate bedroom and submits the required Request for Additional Bedroom form under the following circumstances:

Note: All additional bedroom requests are to be forwarded to HATCH and approved only by Halton Region staff with the exception of an additional bedroom due to pregnancy.

Medical Condition/Disability

- One of the spouses/partners requires a separate bedroom due to a significant disability or diagnosed chronic (long-term) and serious medical condition with permanent symptoms.
- An extra bedroom is required to store life sustaining assistive devices or medical equipment that is required due to a significant disability or diagnosed chronic (long-term) and serious medical condition and the equipment cannot be accommodated elsewhere in the unit (e.g. dialysis machine).

A household member applying for an additional bedroom under this policy must have their medical doctor complete the Request for Additional Bedroom form that verifies:

- That the household member has a significant disability and/or diagnosed chronic (long-term) and serious medical condition
Note: The medical diagnosis does not have to be disclosed; only a description from the tenant/member's physician of the nature of the disability/medical condition that confirms there is a medical need for an additional bedroom has to be provided
- The limitations or needs associated with the disability and/or medical condition that confirms the household member requires an additional bedroom
- That the disability and/or medical condition is permanent or will continue for an indefinite period.

The medical verification must provide sufficient information for HATCH to determine eligibility for an additional bedroom or if the disability/medical condition can be accommodated in alternate ways. A medical note stating only that an extra bedroom is required will not be sufficient.



An additional bedroom will not be considered in the following circumstances:

- snoring/sleep Apnea
- frequent night time waking or insomnia
- temporary medical conditions
- exercise equipment

Note: There is a limit of one additional bedroom for medical or disability related reasons.

Pregnancy

A member of the household is pregnant and submits a medical doctor's note confirming the pregnancy and due date. This may be approved by the housing provider upon receipt of the doctor's note.

Live-in Caregivers

Overnight accommodation of an individual to provide support services that are required due to a significant disability or diagnosed chronic (long-term) and serious medical condition. To be eligible for an extra bedroom under this Program Directive, the caregiver cannot be a relative and cannot maintain accommodation elsewhere. They are normally considered part of the RGI household for the calculation of RGI and occupancy standards.

Where there is an employment contract for a caregiver and the contract requires an extra bedroom to be provided, then an additional bedroom may be granted in this circumstance and the caregiver would not be considered part of the household for the RGI calculation. Once the contract ends, the households would no longer be entitled to the additional bedroom.

Caregivers who maintain accommodation elsewhere are not entitled to a bedroom, even if overnight care is provided.

Annual Review

Approvals for additional bedrooms are to be reviewed on an annual basis and the household may be subject to an annual unit inspection to confirm the on-going need (with appropriate notice). Should the additional room not be used for the medically documented reasons it was approved for, the household may be issued a notice that they are overhoused and will be required to follow the process outlined in Program Directive No. 4– Overhoused.

Attached as *Appendix II* is the *Request for Additional Bedroom form* to be submitted by the household member requesting the extra bedroom. Please note this form is to be signed by the household member and his/her physician.

Review of Occupancy Standards

Housing providers are required to review RGI households to determine if they are within the allowable range of occupancy standards during annual reviews and when there is a change in the household composition/size.



Extenuating Circumstances


Please contact your Housing Programs Administrator to discuss any extenuating circumstances. These will be reviewed on a case-by-case basis.

Local By-laws

Housing providers are responsible for ensuring that these occupancy standards (and their own market rent occupancy standards, if applicable) are in compliance with the property standards by-law of the municipality in which the property is located.

Special Needs Units (Support Services and Modified/Wheelchair Accessible Units)

The occupancy standards do not apply to households who live in modified or supportive units and they are not required to move to a smaller unit as long as they continue to be eligible for the accessible unit or support service - even if they are eligible for RGI and otherwise determined to be overhoused.

DocuSigned by:

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Alex Sarchuk
Commissioner, Social and Community Services Department

Replaces: Directive No. 15
Date Released: December 18, 2020
Revised: N/A



Appendix I

Recognized Educational Institution

O. Reg. 367/11 s. 42 (2) defines a recognized educational institution as any of the following (or a similar institution outside Ontario):

1. A school, as defined in the *Education Act*.
2. A university.
3. A college of applied arts and technology established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*.
4. A private career college, as defined in the *Private Career Colleges Act, 2005*.
5. A private school, as defined in the *Education Act*, for which a notice of intention to operate has been submitted to the Ministry of Education in accordance with that Act.



Appendix II – Medical Form



Complete and return this form by mail or in person:
Halton Access to Community Housing (HATCH)
Housing Services Division
Social & Community Services Department
690 Dorval Drive, 7th Floor
Oakville, ON L6K 3X9

MEDICAL FORM

Request form for:

- **Medical Priority (Terminal Illness) - Section B**
- **Wheelchair Accessible Unit – Section C**
- **Additional Bedroom – Section D**

TO BE COMPLETED BY PATIENT (Section A)

Section A - Patient Information:

Name:

Date of Birth:

Address:

Release by Patient: I hereby authorize my physician to release the following medical information to the Region of Halton – Halton Access to Community Housing (HATCH) and I understand that the information will be confidentially retained in my file.

Patient's Signature:

Date:

The personal health information disclosed on this form will be used only for purposes of determining an applicant's eligibility for an additional bedroom and is collected under the authority of the *Housing Services Act, 2011*. In applying for rent-geared-to-income housing and/or the applicant's request for an additional bedroom, medical priority or a wheelchair accessible unit, the applicant consents to the collection, use and disclosure, including verification, of the information provided to Halton Region in their application and supporting documents.



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TO BE COMPLETED BY PHYSICIAN (Sections B, C or D)

Please print clearly

Important Note: Your patient has applied for community housing or a transfer on medical grounds for a terminally ill priority, wheelchair accessible unit and/or an additional bedroom. The information provided by you will assist us in assessing their application to determine if our accommodation will meet the needs of your patient. Please complete section B for terminal illness priority, section C wheelchair accessible requests and/or section D for requests for additional bedroom(s).

Please note that we will only assign an additional bedroom under the following circumstances:

- A member of the household is pregnant.
- One of the spouses/partners requires a separate bedroom due to a significant disability or diagnosed chronic (long-term) and serious medical condition with permanent symptoms.
- An extra bedroom is required to store life sustaining assistive devices or medical equipment that is required due to a significant disability or diagnosed chronic (long-term) and serious medical condition and the equipment cannot be accommodated elsewhere in the unit (e.g. dialysis machine).
- To accommodate a caregiver, who will reside with the household full time for the purpose of providing required daily and/or overnight support services to a member of the household with a significant disability or a diagnosed chronic (long-term) and serious medical condition. (Note: The caregiver cannot be a relative and cannot maintain accommodation elsewhere).

If you believe that any of the above criteria apply to your patient, please complete the appropriate section of this form.

Section B - Request for Medical Priority due to Terminal Illness

Please answer the following questions:

Life expectancy is Less than two years More than two years

Diagnosis of illness:

Please provide any additional information that may be helpful:

Note: For Sections C or D - A medical diagnosis does not have to be disclosed, only a description of the nature of the disability/medical condition that confirms there is a medical need for a wheelchair accessible unit and/or an additional bedroom.



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Section C - Request for a Wheelchair Accessible Unit

Please answer the following questions:

Is the patient in a wheelchair? Full-time Part-time Does not use one

Is the patient's condition Permanent Temporary

If the patient's condition is temporary, what is the expected duration?

Please provide any additional information that may be helpful:

Section D - Request for an Additional Bedroom

Please check of the applicable reason(s) your patient is requesting an additional bedroom and provide the required information.

Medical Condition/Disability

Note: Under Halton Region's approved Policy, an additional bedroom will not be granted for the following:

- snoring/sleep Apnea
- frequent night time waking or insomnia
- temporary medical conditions
- exercise equipment

- Is the diagnosed medical condition/disability significant and permanent or expected to continue for an indefinite period?

Yes No If No, what is the expected duration? _____

- Can the patient safely navigate stairs? Yes No



- Please describe the nature of the disability/medical condition and why having an extra bedroom will contribute to your patient's overall well being and management of this serious medical condition or disability.

Pregnancy

- Please state the expected due date: _____
Y/M/D

Storage of Medical Equipment (e.g. dialysis equipment)

- What medical equipment or life sustaining assistive devices require additional storage space as they cannot be accommodated elsewhere in the unit due to the size of the unit or storage space within the unit?



Caregiver – Overnight accommodation of an individual to provide support services that are required due to a medical condition/disability.

An additional bedroom may be granted if an overnight caregiver is required to assist with the patient’s medical condition/disability and does not maintain a residence elsewhere.

- Is your patient able to manage the activities of daily living without assistance?

Yes No If No, what services are required?

- Does your patient require over night care?

Yes No If Yes, how many nights per week? _____

Please provide any additional information that may be helpful:

Physician’s Release

I hereby certify that this information represents my best professional judgement and is true and correct to the best of my knowledge.

PLEASE PROVIDE DOCTORS STAMP

Physician’s Name (Printed)

Physician’s Signature

Phone Number

