

Woodsworth Co-operative Accommodation Request Form

To be completed by Co-op Manager

Manager's Name: _____ Date of Receipt: _____

Manager's Signature: _____

Member Name: _____ Unit #: _____

Phone #: _____ Email Address: _____

If the accommodation request is for someone other than the member, please complete the following:

Name of Accommodation Seeker: _____

Relationship to member (e.g. child, longterm guest): _____

If you have been authorized by the accommodation seeker to advocate on their behalf, please complete the following:

Advocate's Name: _____ Phone #: _____

Email Address: _____

Please provide documentation giving the advocate authority to act on behalf of the accommodation seeker. This document must be witnessed, signed and dated by a third party.

In most cases, supporting documents from a licensed healthcare professional will be required to process this request. It is recommended that these documents be provided at this time.

Licensed healthcare professionals include:

- Physician
- Psychiatrist
- Physiotherapist
- Optometrist
- Audiologist
- Psychologist
- Chiropractor
- Occupational therapist
- Registered nurse
- Social worker

The document should specify:

- That you have a disability, and if appropriate, the nature of the disability (e.g. mobility disability)
- Restrictions resulting from the disability (e.g. inability to climb stairs)
- The expected duration of the restrictions (e.g. permanent)
- The basis for the medical conclusions (e.g. any tests or assessments)

The accommodation seeker only needs to provide such information that is necessary to assess their needs in relation to the requested accommodation and does not have to provide a diagnosis. The co-op understands that in certain circumstances the accommodation seeker may be uncomfortable disclosing the nature of their disability.

Type of accommodation requested:

Why is this accommodation required (please include details about your specific needs):

Member Signature: _____ Date: _____