



Form to be completed by a social worker or a health care provider

Name of the person concerned :	
Date of birth :	
Address :	
Phone number:	
Name of the social worker or health care provider :	
Area of expertise :	
Phone number :	

Applicant's authorization

I, the undersigned, hereby authorize that the signatory of this agreement provides all explanations relating to this questionnaire. It is understood that this information is confidential and will only be used for the purposes of the OMH du Val-Saint-François.

Applicant's signature :

Date :

Information for the social worker or health care provider

In accordance with regulations on the allocation of low-rent dwellings, *Règlement sur l'attribution des logements à loyer modique* the Office municipal d'habitation du Val-Saint-François has adopted a regulation permitting the consideration of certain factors when there are serious reasons for health or safety in the current dwelling posing danger to the applicant or a member of their household.

Explanation of the problem :

Evolution of the situation :

Improvement expected Stable Deterioration expected

Do you think that living in the current dwelling represents a serious threat:

For the physical health of this person?
 Yes No

For the safety of this person?
 Yes No

For the mental health of this person?
 Yes No

If yes, why?

When considering the physical health of this person, is moving to a new apartment:
 Essential Non-essential

When considering the safety of this person, is moving to a new apartment:
 Essential Non-essential

When considering the mental health of this person, is moving to a new apartment:
 Essential Non-essential

In relation to the physical health or safety of this person, are there any changes that could be made to the current dwelling to avoid a move?
 Yes No

If yes, what?

Comments or recommendations :

 Social worker or health care provider
 signature

 Date