

Social Development and Housing

Développement social et Logement



PEI Home Renovation Programs P.O. Box 2000, Charlottetown Prince Edward Island Canada CIA 7N8

C.P. 2000, Charlottetown Île-du-Prince-Édouard Canada C1A 7N8

MEDICAL VERIFICATION

Must be completed by a Health Professional and returned to the PEI Home Renovation Programs office.

Privacy Statement – Personal information on this form is collected under section 31 of the <i>Freedom of Information and Protection of Privacy Act</i> R.S.P.E.I. 1988, Cap.F-15.01, as it relates directly to and is necessary for the provision of the PEI Home Renovation Programs. If you have any questions about this collection of personal information, you may contact the Department of Family and Human Services at			
		1-855-374-7366.	•
		NOTE: The information requested about the per	rson with a disability will be used in connection with an
application for funding under the PEI Home Ren	novation Programs to carry out remedial modifications to		
their home.			
then nome.			
Patient's Full Name:	Date of Birth:		
T WAS A WAY I WALLEY			
How long has this patient been under your care?			
Please describe the nature of the condition.			
Is the patient's condition disabling? Please explain.			
Please confirm what modifications to the patient's dwelling will benefit his/her disability.			
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Medical Professional's Name:	Medical Professional's Signature:		
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Specialization:			
Specialization.			
Address and Telephone Number: (please use stamp if available)			