Schedule "D"

SUPPLEMENTARY DISABILITY FORM FOR SUITE EXEMPTION or DISABILITY WAIVER

A. Patient Information

Patient's Name: (last name) (first name)				Birth Date:	Year	Mo	Day
Patient's Address:	Apt. #	Street Number:	Street Name:				
City:			Province:	Postal Code:			

"**Extensive Physical Assistance**" means extensive supervision and care which is necessary in order to perform the functions of daily living in the home; for example, preparation of meals, personal care and hygiene. Extensive physical assistance does not include, for example:

(a) Assistance with activities outside of the home, ie. driving, grocery shopping or recreation.

(b) Home care provided by a provincial health care or social services government or government funded agency, including but not limited to caregivers.

(c) Assistance with home repairs and maintenance or yard work.

Caregiver *shall mean a person who provides extensive physical assistance for a fee (minimum of $150 per month) to a property owner, or a spouse or parent or child of the property owner provided that the person receiving the care is permanently disabled.*

B. Application (Please complete all sections below)

Is the patient permanently disabled? **Please check one:**	**Yes** ☐	**No** ☐
If **Yes**, what is the nature of the disability?		

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Date patient's disability was diagnosed:		
Does the patient require "extensive physical assistance" in the home as a result of this disability? **Please check one:**	**Yes** ☐	**No** ☐
If Yes, Please describe in detail the assistance the patient requires:		
Approximate monthly cost of assistance:		
Does the patient's disability require a caregiver to live in the home of the patient? **Please check one:**	**Yes** ☐	**No** ☐
Physician's Signature:		

Return completed form to: **City of Port Coquitlam**
Tax Department
2580 Shaughnessy Street
Port Coquitlam, BC V3C 2A8

OFFICE USE

ROLL NO: