

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 <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , what is the nature of the disability?		

Schedule "D" Cont'd

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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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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: