

**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? <b>Please check one:</b>	<b>Yes</b> ⇒	<b>No</b> ⇒
If <b>Yes</b> , what is the nature of the disability?		
Is there any remedial therapy available which would lessen 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?  <p style="text-align: center;"><b>Please check one:</b></p>	<b>Yes</b>  ⇒	<b>No</b>  ⇒
<b>If Yes</b> , 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?  <p style="text-align: center;"><b>Please check one:</b></p>	<b>Yes</b>  ⇒	<b>No</b>  ⇒
<b>Physician's Signature:</b>		

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

OFFICE USE
<b>ROLL NO:</b>