



**Office municipal
d'habitation
de Sherbrooke**

Application to Relocate

Application to be filled by a social worker or a health care professional

Name of the person:	
Date of birth:	
Address:	
Telephone:	
Name of professional:	
Area of expertise:	
Telephone:	
Authorization from the tenant I, the undersigned, hereby authorize the signatory of this letter to provide any additional information related to this form. It is understood that this information is confidential and will only be used for the purposes of the OMHS.	
Signature of the tenant:	Date:

Information intended to the social worker or health care professional

In accordance with the Policy for Managing Priority Applications and Applications to Relocate, the OMHS has adopted a regulation where certain factors can be considered if there are serious health or safety concerns that pose a threat to the presence of a tenant or a member of his or her household in their unit.

Problem with explanations:

Evolution/Status of the situation: <input type="checkbox"/> Expected improvement <input type="checkbox"/> Stable condition <input type="checkbox"/> Expected deterioration <input type="checkbox"/> Immediate emergency

Do you believe that staying in his or her current unit poses a serious threat to the general activities of the tenant:

For that person's physical health?
 Yes No

For that person's safety?
 Yes No

For that person's mental health?
 Yes No

If yes, why?

Based on the applicant's situation, how would you qualify the impact of a relocation?

A change of unit would directly and significantly improve the applicant's overall situation.

A change of unit may improve the applicant's situation.

A change of unit would partly improve the applicant's situation. However, other changes/interventions would be required to have a considerable impact on the applicant's situation.

A change of unit would not have any impact on the applicant's situation.

Has the tenant taken steps to resolve the problem related to his or her application to relocate?

Yes No

If yes, briefly explain the step(s) taken (other than the application to relocate)

Comments or recommendations:

 Signature of the social worker or health care professional

 Date

Practice number, if applicable: _____