



**Office municipal  
d'habitation  
de Sherbrooke**

## **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:	
<b>Authorization from the tenant</b> 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 applicant:	Date:

### **Information intended to the social worker or health care professional**

In accordance with the *By-law on the allocation of low-rental housing*, 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.

<b>Problem with explanations:</b>

## Relative to current housing

**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

**In terms of this person's physical health, would you consider a change of accommodation??**

Essential  Not essential

**With regard to this person's safety, do you see a change in accommodation?**

Essential  Not essential

**In terms of this person's mental health, would you consider a change of accommodation?**

Essential  Not essential

**Are there any changes that could be made to the dwelling to avoid having to move in terms of this person's physical health or safety??**

Yes  No

**If so, which ones?**


**Evolution/Status of the situation:**

Expected improvement  Stable condition  Expected deterioration

**Comments or recommendations:**


\_\_\_\_\_  
Signature of the social worker or  
health care professional

\_\_\_\_\_  
Date

Practice number, if applicable: \_\_\_\_\_