

Appendix – Independence Questionnaire

The landlord must make sure that all applicants meet the eligibility criteria listed in section 14 of the *By-law respecting the allocation of dwellings in low rental housing*. One of the criteria pertains to independence. In fact, in order to be eligible, the applicant must be able to **take care** of his essential needs **independently** or with **outside help** or the help of a **caregiver**, in particular those needs related to personal care and ordinary household tasks. Furthermore, **in order for the application to be evaluated, the applicant must describe his/her level of independence and provide all necessary certifications from a health network specialist***.

Instructions for Completing the Independence Questionnaire

To be completed only if you or a member of your household has independence issues.

Information on the Person in your Household with Independence Issues

Last name:

First name:

File number:

(to be completed by the organization)

Independence Questions

Do you have a disability or health problems that make you unable to take care of your own essential needs?
If so, please check off the boxes that correspond to your situation.
If not, you are not required to complete this questionnaire.

☐ Yes

☐ No

☐ Hearing loss

☐ Visual impairment

☐ Intellectual disability

☐ Motor disability ▶ specify:

☐ Upper extremities

☐ Lower extremities

☐ Other ▶ specify:

Questions Regarding the Independence Evaluation

How do you engage in the following activities?

Health (completed activity)	Alone	With partial assistance	With full assistance
Taking medication in accordance with a physician’s recommendations	☐	☐	☐
Getting up, sitting down and getting into bed	☐	☐	☐
Walking	☐	☐	☐
Calling for help in an emergency: ambulance, service Info-Santé, etc.	☐	☐	☐
Climbing stairs	☐	☐	☐
1 to 3 steps	☐	☐	☐
1 floor	☐	☐	☐
2 floors	☐	☐	☐
More than 2 floors	☐	☐	☐
Comments:			

Meals (completed activity)	Alone	With partial assistance	With full assistance
Preparing meals	☐	☐	☐
Eating	☐	☐	☐
Running errands	☐	☐	☐
Comments:			

Hygiene (completed activity)	Alone	With partial assistance	With full assistance
Taking a bath	☐	☐	☐
Going to the bathroom	☐	☐	☐
Getting dressed	☐	☐	☐
Doing housework	☐	☐	☐
Doing laundry	☐	☐	☐
Comments:			

* Examples of health network specialists: occupational therapist, physiotherapist, social worker, physician, etc.

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Safety (completed activity)	Alone	With partial assistance	With full assistance
If there is a fire, can you: Sound an alarm? Get to the balcony? Exit the building using the stairs?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Comments:			
Questions Regarding Support			
Do you receive assistance from an organization so you can remain in your home?		☐ Yes	☐ No
If so, which one?			
☐ Other ► specify:			
Do you receive assistance from a loved one so you can remain in your home?		☐ Yes	☐ No
If so, does the loved one live with you?		☐ Yes	☐ No
Do you use a technical or medical device?			
Technical or medical device	Not applicable	Inside the home	Outside the home
Cane, crutches, walker	☐	☐	☐
Manual or electric wheelchair	☐	☐	☐
Three-wheel electric scooter, four-wheel electric scooter	☐	☐	☐
Patient lift	☐	☐	☐
Medical bed (hospital bed)	☐	☐	☐
Technical assistance for hearing loss	☐	☐	☐
Technical assistance for visual impairment	☐	☐	☐
☐ Other ► specify:			
Do you require accessible/special needs housing?			
It should be noted that special needs housing falls under a sub-category and allocation is dependent upon availability.			
Indicate if you can do the following things.			
Access the building ☐ Yes ☐ No		Access the housing ☐ Yes ☐ No	
Circulate in the building without difficulty ☐ Yes ☐ No		Circulate in the building without difficulty ☐ Yes ☐ No	
Use the bathroom facilities without difficulty ☐ Yes ☐ No		Use the kitchen facilities without difficulty ☐ Yes ☐ No	
Please state the name of the person who completed the questionnaire			
☐ Applicant		☐ Member of the household ► Please specify how this person is related to you:	
☐ Person with independence issues		☐ Representative ► Please specify relationship with person who completed this form:	
PROTECTION OF PERSONAL INFORMATION			
The information gathered by the Société d'habitation du Québec or by its partners is necessary to apply the <i>Act respecting the Société d'habitation du Québec</i> , the associated regulations and the programs it has adopted under them. This information will be processed in a confidential manner. The Société d'habitation du Québec will only allow its authorized personnel or its partners to have access to this information, and with some exceptions certain departments or organizations, in accordance with the <i>Act respecting access to documents held by public bodies and the protection of personal information</i> . This information may also be used for statistical, study or survey purposes. You have the right to access your personal information and have it rectified. For more information, please contact the person responsible for the protection of personal information at the Société d'habitation du Québec.			
DECLARATION			
I declare that all the information provided in this appendix is accurate and complete. I understand that any erroneous information could result in one of the following consequences: removal from the eligibility list, refusal of affordable housing, change in rental conditions or eviction from the dwelling.			
I hereby give consent for all personal information gathered by the Société d'habitation du Québec in this appendix and that is needed to study this request be sent to partners of the Société d'habitation du Québec who will process the file.			
Applicant's signature:		Date:	