

# Appendix – Independence Questionnaire

To be completed by the organization : File Number: \_\_\_\_\_ - \_\_\_\_\_ Household Number: \_\_\_\_\_ - \_\_\_\_\_

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\*.

**PROTECTION OF PERSONAL INFORMATION** The information gathered by the Val-d'Or Native Friendship Center or by its partners is necessary to apply the Act respecting the Société d'habitation du Québec, the associated regulations and the programs it has adopted under them. This information will be processed in a confidential manner. The Val-d'Or Native Friendship Center 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 Act respecting access to documents held by public bodies and the protection of personal information. 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.

## 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

### Independence Questions

Do you have a disability or health problems that make you unable to take care of your own essential needs?

- No    ➤ You are not required to complete this questionnaire.  
 Yes    ➤ Please check off the boxes that correspond to your situation. †
- Hearing loss    Visual impairment    Intellectual disability    Motor disability: \_\_\_\_\_  
 Upper extremities    Lower extremities    Other: \_\_\_\_\_

### Questions Regarding Support

Do you receive assistance from an organization so you can remain in your home?

- No  
 Yes    ➤ which one?: \_\_\_\_\_  
 Other : \_\_\_\_\_

Do you receive assistance from a loved one so you can remain in your home?

- No  
 Yes    ➤ If so, does the loved one live with you?    No    Yes

### Do you use a technical or medical device?

Not applicable   Inside the home   Outside the home

Technical or medical device

- |                       |                       |                       |   |   |
|-----------------------|-----------------------|-----------------------|---|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Cane, crutches, walker                                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Manual or electric wheelchair                             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Three-wheel electric scooter, four-wheel electric scooter |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Patient lift  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Medical bed (hospital bed)                                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Technical assistance for hearing loss                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ➤ | Technical assistance for visual impairment                |

Other : \_\_\_\_\_

**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.

- Yes  No    ➤ Access the building
- Yes  No    ➤ Circulate in the building without difficulty
- Yes  No    ➤ Use the bathroom facilities without difficulty
- Yes  No    ➤ Access the housing
- Yes  No    ➤ Circulate in the housing without difficulty
- Yes  No    ➤ Use the kitchen facilities without difficulties

**Questions Regarding the Independence Evaluation** How do you engage in the following activities?

**Alone    Partial assistance    Full assistance**

**Health (completed activity)**

- 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...
- Monter 1 à 3 marches
- Climbing stairs, 1 to 3 steps
- Climbing stairs, 1 floor
- Climbing stairs, more than 2 floors

**Alone    Partial assistance    Full assistance**

**Meals (completed activity)**

- Preparing meals
- Eating
- Running errands

**Alone    Partial assistance    Full assistance**

**Hygiene (completed activity)**

- Taking a bath
- Going to the bathroom
- Getting dressed
- Doing housework
- Doing laundry

**Alone    Partial assistance    Full assistance**

**Safety (completed activity)**

- In case of a fire, can you :
- Sound an alarm?
  - Get to the balcony?
  - Exit the building using the stairs?

**Please state the name of the person who completed the questionnaire**

- Applicant  Person with independence issues
  - Member of the household ➤ Please specify how this person is related to you: \_\_\_\_\_
  - Representative ➤ Please specify relationship with person who completed this form: \_\_\_\_\_
- \* Examples of specialists in the health network: occupational therapist, physiotherapist, social worker, physician ...

**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 Val-d'Or Native Friendship Center 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_