

## **Priority Access Referral Form: Life-Sustaining Health Services**

Some Nova Scotians require therapy to support a vital function that is necessary for life. They must take time away from their normal everyday activities to receive life-sustaining services that are provided at a regional health centre by a licensed medical professional.

While Government is changing how healthcare is delivered by increasing access to virtual care and supports that connect patients with health care providers closer to home, in some cases people may need to move closer to a regional health centre to access the tertiary and quaternary life-sustaining health care services they need. Others may be waiting in hospital and cannot be discharged until they have a place to live that is closer to a regional health centre so they can access these services.

When a person who qualifies for public housing can demonstrate that there is a significant barrier to receiving a life-sustaining health service and therefore must move closer to a regional health centre to access the life-sustaining health service, they may be eligible for priority access and be placed on the Priority Access waitlist in chronological order.

Applicants may be eligible for priority access to public housing if a medical health professional certifies that they require regular, prolonged and in-person life-sustaining services to support a vital life function:

- ✓ With no expectation of cessation of services.
- ✓ These services can only be accessed at the regional health centre.

Healthcare innovation drives program design and delivery in Nova Scotia. For this reason, the life-sustaining health services eligibility criteria we use to determine eligibility for priority access to public housing is subject to change.

To be granted approval for priority access to public housing under the life-sustaining health services stream, applicants must provide the following documents to their Nova Scotia Provincial Housing Agency district office:

- 1. Public Housing Application Form**  **Completed by the applicant**
- 2. Priority Access Referral Form  
Life-Sustaining Health Services**  **Completed, dated and signed by a  
practicing medical health professional**

**The Priority Access Referral Form for Life-Sustaining Health Services must be completed, dated, and signed by a qualified medical professional.**

**The medical professional cannot be an applicant's friend, neighbour or relative.**

If you or your referring professional have any questions or concerns about qualifying for priority access to public housing due to homelessness, please contact your district office by email at [applicationsnspha.md@novascotia.ca](mailto:applicationsnspha.md@novascotia.ca) or by telephone at **1-800-565-8859** or **902-420-6017**.

## Priority Access Referral Form: Life-Sustaining Health Services

### Section A: To be completed by the applicant

#### 1. Applicant Information

Last Name:

First Name:

Date of Birth:

If you have an existing Public Housing application, provide your **Client P code** below:

\_\_\_\_\_

#### Contact Information

Complete below **ONLY** if you need to update your contact information or provide an alternate contact not currently listed in your Public Housing Application.

**Please only provide contact information where it is safe to contact you.**

		Whose information is provided?
Phone:		<input type="checkbox"/> Applicant <input type="checkbox"/> Alternate
Email:		<input type="checkbox"/> Applicant <input type="checkbox"/> Alternate
Street Address:		<input type="checkbox"/> Applicant <input type="checkbox"/> Alternate
City/Town:		
Province:	Postal Code:	
Name of alternate contact:		Relationship to applicant:

#### 2. Barriers to Life-Sustaining Services

Check-off all the barriers you experience to receiving life-sustaining health services.

- The regional health centre is far away.
- There is no public transportation available.
- I do not own an automobile.
- I do not have friends or family that can drive me to appointments.

## Priority Access Referral Form: Life-Sustaining Health Services

### Section A: To be completed by the applicant

#### 2. Barriers to Life-Sustaining Services

Is there any additional information you would like to provide on difficulties accessing life-sustaining health services?

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How would moving into public housing make it easier for you to access life-sustaining health services?

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#### 3. Applicant Acknowledgement

I acknowledge that if I am eligible for priority access, I will be placed on all building waitlists that meet my required household size and will accept the first unit offered to me. Should I decline an offered unit, I will lose my priority placement and be returned to the general chronological waitlist.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**A good thing to know...** If there are any changes to your housing needs after you apply to Public Housing, you should contact your District Office, or use the online portal to ensure NSPHA always has the most current information.

## Priority Access Referral Form: Life-Sustaining Health Services

### Section B: To be completed by a medical professional

#### 1. Eligibility Criteria Checklist

- The applicant requires life-sustaining medical services to support a vital function that is necessary for life at a regional health centre.
- The applicant's medical services are needed in-person and there are no alternative options (e.g., at home treatment).

#### 2. Medical Services Information

Name of Medical Clinic where services will be received:

Street Address:

City/Town

Postal Code:

Email:

#### 3. Professional Declaration

Name (print):

Position/Title:

Organization:

Phone:

Email:

I declare that, to the best of my knowledge, the information I have provided on this form is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date: day/month/year

Received by:

Applicant #: