



To: ODSP / Attention Client Services Representative

Re: _____

Please accept this letter as confirmation that the aforementioned patient is registered with the _____ Hospital's Nephrology Program. _____ has End Stage Renal Disease and this necessitates the requirement for ongoing dialysis treatment. This treatment occurs three times a week at the _____ hospital and is designed to filter the blood of toxins; a process that is life sustaining and ongoing. _____ will continue to require this treatment for the duration of his life unless she has a kidney transplant.

Side effects or complications associated with dialysis include, Hypotension, Muscle cramps, Disequilibrium syndrome, Bleeding, High blood pressure, Anemia, Cardiac problems, heart failure or an enlarged heart, Bone disease, Restless legs syndrome, Depression, Constipation, Chronic Fatigue and Infection. It is not uncommon for patients who have dialysis to feel very lethargic and tired. Consequently this has a tremendous impact on the patient's lifestyle and emotional well being.

Other co-morbid illnesses for _____ include Arthritis and Diabetes. In fact _____ has just had above knee amputation and she is presently an inpatient at the _____ anticipating discharge and lengthy slow rehabilitation. In addition _____ must utilize a scooter or Wheelchair and relies on portable O2 as required.

_____ 's husband _____ is also of failing health. He was also just released from the _____ having had _____ surgical intervention. He is not able to lift and he is also _____ 's primary caregiver.

_____ and her husband are currently residing in a deplorable basement-housing unit, with flooding, insufficient heat, toilet back up occurrences and mold. They have been working with _____ Housing for the past year and I have advocated strongly for them to obtain affordable and more humane housing. I am now advised that they have secured a housing unit effective _____ at _____ .

They do not require first and last months rent down as it is rent geared to income unit.

They do however desperately require assistance to fund a mover as they are both too ill to move possessions to their new unit. I have spoken with ODSP and I understand that there is legislation dictating that clients are only eligible for assistance to pay for a move if they

have not received previous assistance in the past 24 months. This couple did move in the summer of 200_.

Please therefore review this letter under “Special Circumstances” hopefully to grant this unfortunate couple assistance to help pay for a mover as they are absolutely not medically well enough to move on their own. Estimate for a mover is forthcoming.

Should you require further information or feedback regarding this matter you may contact me directly at _____

Sincerely

Social Worker
Nephrology Program
_____ Hospital