Medical Hardship Information

This use requires a public hearing in front of the Planning Commission.

The hardship needs to be for either:

- A resident of the property who needs care and the care giver must be a relative of the resident, or
- A relative of a resident of the property. The resident needs to be the care giver.

You can convert an existing structure on your property into a dwelling, or use a Recreational Vehicle or Manufactured Home.

This use is **temporary**. Once approved, it is viable for the term of the hardship but when it is no longer needed, the dwelling needs to be removed or converted to an allowable use.

The temporary dwelling needs to use the same sewage disposal system used by the existing dwelling.

If approved, it needs to be re-authorized (by the Planning Department) every two years. You will need to certify that the person with the medical hardship is still living and still requires care.

If the person with the medical hardship no longer requires care before the two years, you will need to provide the Planning Department with notice that the use is no longer required and remove the medical hardship dwelling.

Items to include with the application

- Medical certification from a licensed medical practitioner (submit the two attached documents to your relative's licensed medical practitioner).
- Site plan showing all existing structures on the property along with the location of the temporary dwelling.
- Identify the name of the person with the medical hardship and who the caretaker will be, and the relationship between them. Identify who else will be living with the person with the medical hardship.
- Identify who will be living in what structure. Usually, the person with the medical hardship lives in the temporary dwelling but sometimes the caretakers utilize that structure instead. There is no rule requiring who lives where.

UNION COUNTY
Planning Department

Inga Williams
Planning Director

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TO: Primary Care Provider

RE: Temporary Medical Hardship Dwelling

You are being asked to verify that a medical hardship exists with your patient. A medical hardship may enable your patient to live in a second, temporary, dwelling alongside a relative who can provide them with daily care. Your patient must have an illness or infirmity serious enough to require this person to, otherwise, be housed in a care facility. This means that the impairment renders them incapable of maintaining a separate and detached residence on a separate property and that they require daily care. Daily care includes, but is not limited to, bathing, grooming, eating, medication management, walking and transporation.

The infirmity MUST be a physical or mental impairment. Financial hardship, childcare, upkeep of home or property, or other convenience arrangements are not considered infirm conditions and will not qualify for approval of a temporary medical hardship permit.

Please complete the attached Medical Certification form. You may be asked to provide additional written or oral testimony to the County's Planning Commission to verify the patient's condition.

Thank you for your assistance.

Sincerely

Inga K Williams

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CERTIFICATION BY LICENSED MEDICAL PRACTITIONER
Of a Medical Hardship

In considering this request, it must be found that the hardship condition relates to the aged, the infirm, or for an illness that otherwise incapable of maintaining a complete, separate and detached residence. You are being asked to verify such a medical hardship exists with your patient. You may be asked to provide additional written or oral testimony to the County Planning Commission to verify the patient's condition.

Patient Name _____

My patient requires assistance with (check all that apply):

☐ Bathing/grooming ☐ Dressing ☐ Eating

☐ Ambulation/Transferring ☐ Transportation

☐ Food Preparation ☐ Medication Management

☐ Other _____

I hereby personally certify as the primary care physician for the above-named patient and that all of the following conditions exist:

- This patient is unable to provide for his or her daily care, and depends upon the care of others in order to avoid institutionalization or the provision or on-site nursing care and
- The circumstances of the medical condition makes it necessary for a care provider to live in close physical proximity to the patient in order to provide necessary assistance.

Dated this _____ day of _____, 20 _____.

_____ _____
Telephone Number Signature of Medical Practitioner

_____ _____
Medical License

_____

_____
(please print name and address)