



Name of Applicant: _____ SURNAME, GIVEN NAME

Date of Birth of Applicant: _____ YYYY/MM/DD

Assisted Living Information

To be filled out if the applicant's ordinary place of residence is an establishment in Canada such as a shelter, hostel, nursing home or other type of institution that provides care/social services to the applicant.

Name of Establishment: _____

Type of Establishment: Hospital Hostel Nursing home
 Shelter Other (describe): _____

Address: _____ Apt./Suite Number: _____
(of establishment)

City: _____ Province: _____ Postal Code: _____

Manager's Name: _____ SURNAME, GIVEN NAME

Phone Number: _____

Alternate Phone Number: _____

Email: _____ Fax Number: _____

Physical Address in Canada (Where the applicant ordinarily resides)

Address: _____ Apt./Suite Number: _____

City: _____ Province: _____ Postal Code: _____

Leave blank if same as physical address →

Mailing Address (Where correspondence will be sent)

Address: _____ Apt./Suite Number: _____

City: _____ Province: _____ Postal Code: _____

Leave blank if same as physical address →

Shipping Address (Where the product will be shipped)

Address: _____ Apt./Suite Number: _____

City: _____ Province: _____ Postal Code: _____

I _____ FULL NAME, POSITION attest that _____ NAME OF ESTABLISHMENT

provides food, lodging, or other social services to _____ PATIENTS NAME

Manager's Signature _____ Date: _____ YYYY/MM/DD

