



*OPERATION – LEAVE THE STREETS BEHIND*  
ROYAL CANADIAN LEGION  
VETERANS AFFAIRS CANADA  
HOMELESS VETERANS ASSISTANCE PROGRAM

**REQUEST FOR ASSISTANCE  
And  
RELEASE OF INFORMATION**

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

Name: \_\_\_\_\_ Service No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shelter Name and Address: \_\_\_\_\_

Shelter Contact: \_\_\_\_\_ tele# \_\_\_\_\_

Nature of Assistance Required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, authorize the Royal Canadian Legion

Please print

and/or Veterans Affairs Canada to access all medical and service records, including those held by the National Archives of Canada, for the purpose of applying for services and benefits through any agency of Veterans Affairs Canada.

\_\_\_\_\_  
Signature

**Please fax to: 905-841-9992**  
Royal Canadian Legion Ontario Provincial Command



## Homeless Veterans Assistance Fund- Request for Funds

Name:

Service/File#

Current Address:

Telephone Number:

cell  yes  No

Contact name, address and telephone:

Service:

Amount required: \$

Case Manager Name:

District Office:

Telephone #:

Assistance Required and Funding Rationale:

**Fax to:**

The Assistant Executive Director  
Royal Canadian Legion  
905-841-9992