



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