



*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: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Shelter Contact: \_\_\_\_\_ Tel #: \_\_\_\_\_

Do you identify as Indigenous \_\_\_\_\_  
(First Nations, Metis, Inuit, with or without status)

Have you ever been employed with Law Enforcement \_\_\_\_\_  
(RCMP, Provincial or Municipal Police)

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 or email to: [rclontariocommand@on.legion.ca](mailto:rclontariocommand@on.legion.ca)**  
Royal Canadian Legion Ontario Provincial Command



<b>Homeless Veterans Assistance Fund- Request for Funds</b>	
Name:	Service/File #
Current Address:	
Telephone Number: cell <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact name, address and telephone :	
Service:	
Amount required: \$	
Case Manager Name:	
District Office:	Telephone #:
Assistance Required and Funding Rationale:	

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Royal Canadian Legion Ontario Provincial Command

In cooperation with Veterans Affairs Canada  
En collaboration avec Anciens Combattants Canada

