



OPERATION - LEAVE THE STREETS BEHIND

ROYAL CANADIAN LEGION
VETERANS AFFAIRS CANADA
VETERANS ASSISTANCE PROGRAM

**REQUEST FOR ASSISTANCE
And
RELEASE OF INFORMATION**

Date: _____

Name: _____ Service No. _____

Date of Birth: _____ Gender: _____

Homeless (y/n): _____ At Risk of Homelessness (y/n): _____

Shelter Name, Address & City: _____

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 mail to: rclontariocommand@on.legion.ca
Royal Canadian Legion Ontario Provincial Command



Veterans Assistance Fund- Request for Funds	
Name:	Service/File #
Current Address (include City):	
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:	

Please fax to: 905-841-9992 or mail to: rclontariocommand@on.legion.ca
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