



**OPERATION - LEAVE THE STREETS BEHIND  
VETERANS ASSISTANCE PROGRAM**

**REQUEST FOR ASSISTANCE  
And  
RELEASE OF INFORMATION**

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

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

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

Currently Homeless (y/n): \_\_\_\_\_ At Risk of Homelessness (y/n): \_\_\_\_\_

Veteran's Current Address (include City): \_\_\_\_\_

Veteran's Email: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Cell  Yes  No

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)

Do you have Military Service -Years Served, Unit, postings, regular or reservist?  
\_\_\_\_\_  
\_\_\_\_\_

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



Veterans Affairs  
Canada

Anciens Combattants  
Canada



<b>Veterans Assistance Fund- Request for Funds</b>	
Name:	Service/File #
Shelter Name, full Address including City	
Shelter Telephone Number: Contact Name:	Email:
Alternate telephone & Contact for Veteran:	
Service details:	
Amount required: \$	
Case Manager Name:	
District Office:	Telephone #:
Assistance Required and Funding Rationale:	

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

