

675 Tanguay Avenue, Welland, Ontario L3B 6A1 905-788-1455

tanguay@vaxxine.com

APPLICATION FOR SERVICE

Client Name:					Male		Female		
Health Card #				Version #			Expiry Date: _		
Date of Birth:		Manth			Date of Request:		Voor	Manth	
	Year	Month	Day				Year	Month	Day
PERSONAL INFORMATION									
Address:							Apt.#		
City				Province			Postal Code:		
Telephone:					Check One:		Single	Married	Divorced
Current Living Situation: Alone With Others (specify)									
Accommodations Requested: Temporary stay unit Long term stay Day Program									
Citizenship:			Canadia	n	Permanent Residen	nt 📗	Other		
Are you a resident of Ontario? YES NO If yes, how long?									
Language Spoken:									
EMEDICENCY CONTACTS									
EMERGENCY CONTACTS									
Emergency Cont	tact Name:								
Relationship									
Address:					Cit	ty			
Province:					Postal Code	e:			
Home Phone#					Work Phone #	#			
Cell Phone#					E-mail Address	s:			

FINANCIAL INFORMATION									
Check Source of Income: Ontario Disability Support Program ODSP Old Age Security WorkplaceSafety Insurance Board (WSIB) Other - Please Explain Amount of Income per Month:	Ontario Works Canadian Pension Plan (C.P.P) Long Term Disability								
	ame of Substitute Decision Maker/Power of pporting documentation:								
I , is correct, to the best of my knowledge.	_ certify that the above mentioned information								
Signed (Applicant or SDM/POA)	Date:								