



## Special Needs Assistance for Seniors — Request Form

Please refer to the *Special Needs Assistance for Seniors Information Booklet* to see if you are eligible to submit a request. If you are a senior couple (married, common-law, or adult interdependent relationship) ensure your spouse/partner completes the appropriate parts of the request form.

### Section 1 — Personal Information

	—	
Applicant's Personal Health Number		
Applicant's Last Name		
Applicant's First Name		
	—	
Spouse/Partner's Personal Health Number		
Spouse/Partner's Last Name		
Spouse/Partner's First Name		

**Mailing Address**

Suite, Apartment and Street Address or RR Number

City, Town or Village Province Postal Code

Home Phone Number

If you are applying for home repairs, provide your legal land description below.

### Section 2 — Assistance Requested

Refer to Information Booklet pages 5 – 9 for a list of the special needs considered under the program. Please send the necessary estimates/receipts/information for an expense to be considered.

		\$	Amount
1)			
2)			
3)			

### Section 3 — Authorization

I authorize Special Needs Assistance for Seniors to contact the following person and collect, use or disclose my personal information for the purpose of processing this request:

Name

Relationship Phone No.

### Section 4 — Signature

Both you and your spouse must sign here for this request to be accepted. By signing this request form you are agreeing to provide any information needed to assess your request and agreeing to provide an accounting of how any assistance received from the program has been used.

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Signature of Applicant	Signature of Spouse/Partner (if applicable)	Date																								

#### Collection of Personal Information

For further information about the collection of your personal information, please refer to page 11 of the *Special Needs Assistance for Seniors Information Booklet*.

