



## 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

### Section 2 — Assistance Requested

Refer to Information Booklet pages 3 – 7 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.

Signature of Applicant

Signature of Spouse/Partner (if applicable)

YYYY MM DD

Date

### Collection of Personal Information

For further information about the collection of your personal information, please refer to page 9 of the *Special Needs Assistance for Seniors Information Booklet*.