



VICTORIA LIFELINE
Safe and independent living.

Date:

New Client

Current Client

Referred by:

Victoria Lifeline Subsidy Program Application

Name:

Address:

Postal Code:

Phone Number:

Email Address: (if you have one)

Date of Birth: D/M/Y

Name of Next of Kin or Contact Person:

Phone Number:

Please note: You are required to submit your Notice of Assessment from Revenue Canada to determine if you are eligible for the program. Please enclose a copy of your most recent Notice of Assessment with this application. You may also fax or scan a copy.

All information submitted will be kept in strict confidence.

If you need assistance filling out this form, please call (204) 956-6779.

Return the completed form & the Notice of Assessment to:

MAIL: Victoria Lifeline (Attention Krystal Simpson)
4-1875 Pembina, Winnipeg, MB R3T 2G7

FAX: (204) 261-7719 or 1-877-784-6865 or **EMAIL** (ksimpson3@vgh.mb.ca)