



VICTORIA LIFELINE  
Safe and independent living.

Date:

New Client

Current Client

Referred by:

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## 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:

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**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.

To qualify for the program, taxable income must be \$16,000/year or less.

**All information submitted will be kept in strict confidence in compliance with the Personal Health Information Act (PHIA).**

If you need assistance filling out this form, please call (204) 956-6779 or toll free 1-888-722-5222.

Return the completed form & the Notice of Assessment to:

**MAIL:** Victoria Lifeline (Attention Subsidy Program)  
4-1875 Pembina, Winnipeg, MB R3T 2G7

**FAX:** (204) 261-7719 or 1-877-784-6865 or **EMAIL** [info@victorialifeline.ca](mailto:info@victorialifeline.ca)