



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.

To qualify for the program, **taxable income** must be \$18,000/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) 956-6777 or toll free 1-888-722-5222.

Return the completed form & the Notice of Assessment to:

MAIL: Victoria Lifeline (Attention Subsidy Program)
1-756 Pembina Highway Winnipeg, MB R3M 2M7

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