



To be completed if client does not have a permanent address and receives social services from a shelter, hostel or similar institution located in Canada.

Social services consent

Social services establishment

Name of social services establishment

Type of social services establishment

Manager's first name

Last name

PHYSICAL ADDRESS

Address

City

Province

Postal code

Phone (if applicable)

Fax (if applicable)

Email (if applicable)

MAILING ADDRESS

Same as physical address

Other, please provide below:

Address

City

Province

Postal code

I, _____ confirm that _____
Manager's name *Social services establishment name*

Provides food, lodging, or other social services to _____
Client's name

Signature

Signature of manager

Month

Day

Year