

Appendix A2: Registration Application

To be completed if the applicant does not have a permanent address (shelter, hostel, or similar institution, located in Canada, that provides food, lodging or other social services to the applicant).

INSTITUTION WHICH PROVIDES SERVICES TO THE APPLICANT

Address 1

Address 2

City Province Postal Code

Telephone Fax Email

Establishment Name (if applicable)

Establishment Type (if applicable)

To be completed by a manager of the specified institution that provides services to the applicant:

I , confirm that

Manager's Name Establishment Name

provides food, lodging or other social services to

Applicant's Name

.....

Manager's Signature Date

MMM / DD / YYYY