

Fields marked with an asterisk (\*) are mandatory.

## Section 1 – Applicant's Biographical Information

Last Name \*

Simmons

First Name \*

Alondra

Middle Initial

H

Health Number (10 digits)

3958510198

Version

TD

Date of Birth (yyyy/mm/dd)

1940-05-27

Sex

☒ Male

☐ Female

Name of Long-Term Care Home (LTCH) (if applicable)

Serene Shores

Address

Unit Number

3115

Street Number

424

Street Name \*

Hilltop Circle

Lot/Concession/Rural Route \*

187 Country Lane

City/Town \*

Halton Hills

Province \*

ON

Postal Code \*

K1T 3N1

Home Telephone Number

807-649-9046

Business Telephone Number

519-583-9403

ext. 346

## Confirmation of Benefits

I am receiving social assistance benefits ☐ Yes ☒ No

If yes, please check one

☐ Ontario Works Program (OWP)

☐ Ontario Disability Support Program (ODSP)

☐ Assistance to Children with Severe Disabilities (ACSD)

I am eligible to receive coverage for Pressure Modification devices from

Workplace Safety & Insurance Board (WSIB) ☒ Yes ☐ No

Veterans Affairs Canada (VAC) – Group A ☒ Yes ☐ No