



Mail this form to: **Tilray**  
 1100 Maughan Rd  
 Nanaimo, BC  
 V9X 1J2  
 Telephone: 844-845-7291  
 Fax: 888-783-1323

## Social Services Information

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

### Social Services Establishment

Name of Social Services Establishment

Type of Social Services Establishment

### Manager's Name

First Name

Last Name

### Physical Address

Address

City

Province

Postal Code

### Phone / Fax

Telephone

Fax (If Applicable)

### Email

If Applicable

### Mailing Address

Same as Physical Address

Where you receive correspondence, if different from physical address

Address

City

Province

Postal Code

I,

attest that

Manager's Name

Social Services Establishment Name

provides food, lodging, or other social services to

Name of Patient

Signature

Signature of Manager

Year

Month

Day