



LOOKOUT EMERGENCY AID SOCIETY

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APPLICATION

Please note: all information is kept in confidence.

Name: _____ Birth date: _____

Current Address: _____

Phone number: _____

Income source: _____

Do you have a Financial Aid Worker? Name _____ Phone# _____

Do you have a Mental Health Worker? Name _____ Phone# _____

Do you have other Support Workers? Name _____ Phone# _____

Name _____ Phone# _____

Health: Please list any significant health problems or illnesses that you have: _____

Are you on medication? If so, please list names of medication if you know them: _____

Doctor's name: _____ Phone # _____
