

## Social Service Form

Thank you for choosing Organigram as your licensed producer of medical cannabis. If you do not currently have a permanent resident address and receive social services from a shelter, hostel or similar institution located in Canada, you will need to complete the following application.

### Important, please read and sign below

I, \_\_\_\_\_ attest that \_\_\_\_\_  
(Manager's Name) (Social Services Establishment)

provides food, lodging or other social services to: \_\_\_\_\_  
(Client's Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Manager)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client)

### Notice to the Social Services Establishment

Withdrawal of consent by the Social Services Establishment: If the said Establishment ceases to consent to receive medical cannabis for the patient, the Manager must send a written Notice to that effect to the patient and the licensed Producer.

### Social Services Establishment

Name:

Type:

Phone:

Fax:

Address:

Mailing/Shipping Address:  
If different from address