

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:

Mailing Address:

Shipping Address (if different from above):

Same as above