



IMPORTANT INFORMATION



PERSONAL INFORMATION

Veteran name:	
Spouse name:	
Child (1):	
Child (2):	
Child (3):	
Service Number:	
VAC Case Number:	

EMERGENCY CONTACT

	Name of Contact	Phone Number	Relationship to Family
1.			
2.			
3.			

POWER OF ATTORNEY/LEGAL

Name of Lawyer	Phone Number	Address

SERVICE PROVIDERS

MILITARY FAMILY RESOURCE CENTRE - VETERAN FAMILY COORDINATOR

Name of Coordinator	Phone Number	E-mail	Address

FAMILY LIAISON OFFICER

Name of FLO	Phone Number	E-mail	Address

CAF NURSE CASE MANAGER

Name of Case Manager	Phone Number	E-mail	Address

JPSU/IPSC SERVICES MANAGER

Name of Case Manager	Phone Number	E-mail	Address

VAC CASE MANAGER

Name of Case Manager	Phone Number	E-mail	Address



OSISS PEER SUPPORT COORDINATOR

Name of Peer Support Coordinator	Phone Number	E-mail	Address

FAMILY PHYSICIAN

Name of Physician	Phone Number	E-mail	Address

SPECIALIST PHYSICIAN - VETERAN

Name of Physician	Phone Number	E-mail	Address

SPECIALIST PHYSICIAN - SPOUSE

Name of Physician	Phone Number	E-mail	Address

SPECIALIST PHYSICIAN - CHILD

Name of Physician	Phone Number	E-mail	Address

OPTOMETRIST

Name of Optometrist	Phone Number	E-mail	Address

SOCIAL WORKER

Name of Social Worker	Phone Number	E-mail	Address

DENTIST

Name of Dentist	Phone Number	E-mail	Address

MEDICAL PROVIDER

Name	Phone Number	E-mail	Address

MEDICAL PROVIDER

Name	Phone Number	E-mail	Address

MEDICAL PROVIDER

Name	Phone Number	E-mail	Address



HOME SERVICES

HOME SUPPORT SERVICES

Name of Company/ Supporter	Phone Number	E-mail	Address

HOUSE CLEANING

Name of Cleaner/ Company	Phone Number	E-mail	Address

SNOW REMOVAL

Name of Company	Phone Number	E-mail	Address

LAWN CARE

Name of Company	Phone Number	E-mail	Address

OTHER

Name	Phone Number	E-mail	Address

OTHER

Name	Phone Number	E-mail	Address

IMPORTANT CONTACT INFORMATION

In case of emergency	911
Family Information Line	1-800-866-4546 (North America)
VAC Assistance Service for mental health support	1-800-268-7708
VAC General Inquiries	1-866-522-2122
Kids Help Phone	1-800-668-6868





FAMILY CARE PLAN

Veteran name:	
Telephone number:	
Work:	
Home:	
Cell:	

Spouse or Common Law-Partner name:	
Telephone number:	
Work:	
Home:	
Cell:	

Family Care Provider	DOB (yyyy-mm-dd)	Health Problems / Special Care	Language English, French, Other



CAREGIVER IDENTIFICATION

Primary Caregiver

Surname and given name:	Relationship to Veteran:
Agency:	
Address:	
Telephone:	
Potential difficulties:	

Secondary Caregiver

Surname and given name:	Relationship to Veteran:
Agency:	
Address:	
Telephone:	
Potential difficulties:	