



Community Care

City of Kawartha Lakes

Health and Support Services

34 Cambridge St., 2nd Floor
Lindsay, ON K9V 3B8
705-324-7323
705-324-8411 (fax)

108 Angeline St. S.
Lindsay, ON K9V 3L5
705-879-4100

Application for Services

Instructions for filling out this form:

1. Please complete one form per family member
2. Submit form by mail, fax, or in person.
3. Please note that completion of this form does not guarantee your registration as a client of Community Care Health and Support Services. Our staff will be in touch with you to let you know the status of your registration.

Last Name _____

First Name _____

Address _____

Phone No. (home) _____ (cell or other) _____

Date of Birth Month _____ Day _____ Year _____

Health Card Number _____

Please check only one of the following:

☐ I currently DO NOT have a doctor (Family Doctor or Nurse Practitioner).

☐ I currently DO have a Family Doctor or Nurse Practitioner, as follows:

Name of Doctor: _____

Address (if known): _____

City/Town/Village: _____