

# Community Care

## Northumberland

### INFORMATION REQUEST FORM

#### Your Details

First Name

Last Name:

Are you requesting information for yourself or a loved one?

Myself

A Loved One

#### Municipality

Please identify which Municipality of Northumberland County you are requesting information for service to occur. If you are uncertain which Municipality - please select the Unsure option.

*Determining which part of Northumberland County you are requesting information about allows us to direct your enquiry to the right program office.*

Township of Alnwick/Haldimand

Municipality of Brighton

Town of Cobourg

Township of Cramahe

Township of Hamilton

Municipality of Port Hope

Municipality of Trent Hills

Unsure

#### Your Contact Information

*\*Required mailing information*

\* Address

PO Box

Apt #

\* City

\*Province

\*Postal Code

\*Email

\*Phone

How would you like us to follow up?

Email

Phone

Mail

[Requested Program Information](#)

I'm looking for information regarding the following program(s):

Community Diners

Friendly Visiting

Home at Last

Home Help & Maintenance

Hospice Palliative Care

Meals On Wheels

Supports for Caregivers

Telephone Security Checks

Transportation - Volunteer

Transportation - Specialized

Wellness Programs

Other

I have a question:

Please mail completed form to:

**Community Care Northumberland**

**Administrative Office**

174 Oliver Road

PO Box 1087

Campbellford, Ontario

K0L 1L0



**"Giving Strength Through Caring"**

**[www.commcare.ca](http://www.commcare.ca)**