

# Veterans Long-Term Care Class Action

## CLIENT INFORMATION QUESTIONNAIRE

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Your full legal name (include any aliases): \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Your telephone number(s): \_\_\_\_\_

Your contact email: \_\_\_\_\_

Your CAF service number (or, if you are a spouse, common law partner, survivor, or dependant of a member of the CAF, their CAF service number):

\_\_\_\_\_

Your VAC file number: \_\_\_\_\_

Who you are submitting the information on behalf of (whether on your own behalf or on behalf of a family member):

\_\_\_\_\_

Additional comments and information you want to share: