



# Client Application Form

Delivery/ Week:

- Tues     AM     PM  
 Wed     AM     PM

## PRIMARY APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last Name, First Name) (Year/Month/Day)

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ May Text:  YES  NO

eMail: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Year/Month/Day)  Male  
 Female  
 Other

ID#: \_\_\_\_\_ Other ID: \_\_\_\_\_  
 First Nations (FI)     Inuit (I)     Metis (M)     New Immigrant (NI)     Refugee (R)

## HOUSEHOLD MEMBER(S) INFORMATION

No.	Name Last Name, First Name	Date of Birth (Year/Month/Day)	M/F Other	*FN I or M	*NI/R	BC Health Care #	Relationship to Applicant
1							
2							
3							
4							
5							
6							

\*Legend: FN = First Nations, I = Inuit, M = Metis, NI = New Immigrant, R = Refugees

FAMILY  Single     Couple     Single Parent Family     Two Parent Family

HOUSING  Own     Rent ( Private / Public )     Band Owned     Family/Friends     Homeless/Shelter

TRANSPORT  Drive     Carpool     Bike     Walk     Taxi     Ride Home

MONTHLY INCOME SOURCES: (\$ Amount not Required)

- Employment Income  
 Employment Insurance (EI) *Please check all income sources that apply to your situation*  
 Disability  
 Child tax credit  
 GST Credit  
 Pension  
 Social Assistance  
 Student Financing  
 Other

MONTHLY EXPENSES: (Include \$ amounts)

Mortgage \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Pad Rental \$ \_\_\_\_\_

Employer/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_



## CLIENT UNDERSTANDING AND DECLARATION OF INFORMATION

I understand that I am assigned a hamper day; I must arrive at least ½ hour prior to the scheduled Food Bank closure hours. Unexpected drop in is not encouraged and may result in a request to return on my assigned day. Emergency situations are on a case by case basis and approved by the Food Bank Office Manager.

### A food hamper may contain:

- A “best before” or “use by date” that has passed
- Canned food may be dented; discard after opening if contents spray out after opening (Note: canned goods are good past their expiry date for 4 years)

**I agree to use all items as soon as possible and accept any risk associated as noted above however, if there is a concern, it is suggested you discard such items.**

**I declare** that the information given is truthful and that information has not been withheld or misrepresented.

Should questions arise based on the information provided, a request for further documentation may be required. The Lake Country Food Bank (LCFC) reserves the right to verify the information provided. The LCFC may contact other area Food Banks to ensure that there is no “double dipping”. The exception to the rule is using the Salvation Army resources in Kelowna, however receiving a food hamper from the Salvation Army is considered double dipping.

Client: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Notes:**

Allergies: \_\_\_\_\_

Food Preferences:    Spicy    Baker    Canner    Freezer  
                                 Cancer    Celiac    Diabetic    Lactose    Gluten Free