



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 slightly dented; discard if when opening the contents spray out.
 - (Note: canned goods are good past their expiry date for 4 years. We will not distribute past 1 year)

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 LCFB may contact other area Food Banks to ensure that there is no “double dipping”.

Client: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

IMPORTANT

Allergies: _____

ALLERGY ADVICE: We store, repackage and display food where allergens are handled and while we try to keep things separate and sanitize, we cannot guarantee that any item is allergen free. If your allergies are extreme you should refrain from repackaged foods.

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