

CHIPPEWA FOOD BANK APPLICATION

Personal information provided on this form is kept confidential. Only statistical type of information will be reported.

Please Print Clear

Please circle one

Male / Female

Age Group: 18-24 25-35 36-45 46-55 56-64 65 +

First Name: _____ Last Name: _____

Address: _____
Street City Postal Code

Phone No: _____ Email: _____

Band: _____ On/Off Res: _____

Please list all dependants within your household.(adult and children) **IDENTIFICATION MUST BE SHOWN AT TIME OF PICK UP: **Laundry Soap comes with the food basket now****

Dependents Name: Age: Please circle only 3 items you would like in your food basket:

- | | | | |
|---------|-------|----------------|---------------------------------------|
| 1 _____ | _____ | 1. Shampoo | 5. Toothpaste- Childrens or Adults |
| 2 _____ | _____ | 2. Conditioner | 6. Deoderant- Mens or Womens |
| 3 _____ | _____ | 3. Body Wash | 7. Feminine Products- Pads or Tampons |
| 4 _____ | _____ | 4. Dish Soap | 8. Razors & Shaving Cream |
| 5 _____ | _____ | | 9. Tooth brush- Childrens or Adults |
| 6 _____ | _____ | | 10. Toilet Paper |

List and general dietary restrictions (Food Allergies): _____

Please list baby items (Formula, baby cereal, baby food, diapers, wipes): _____

Please identify your monthly income by checking the appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Employment Income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Employment Insurance |
| <input type="checkbox"/> ODSP | <input type="checkbox"/> Old Age Security |
| <input type="checkbox"/> Other (Please Specify:) | |

1. Identification for everyone who lives within the home (status or health card.)
2. A \$ 5.00 restocking fee is required on the day of pick-up, which is the SECOND THURSDAY OF EVERY MONTH.
3. Applications must be handed in by THE FIRST THURSDAY OF EVERY MONTH .

OFFICE USE ONLY: ____ Check if emergency application. _____ Date issued. ____ Check if paid \$5.