



Jamaica Association of Montreal inc.
Association jamaïcaine de Montréal inc.
We Grow Because We Serve!

Date: _____
(mm/dd/yyyy)

4065 Jean Talon W., Montreal, Quebec, H4P 1W6 * 514-737-8229

Food Bank Registration Form / Inscription Banque Alimentaire

As a requirement for our partnership with Moisson Montréal, we require all participants to fill in this form / (Dans le cadre de notre partenariat avec Moisson Montréal, nous demandons à tous les participants de remplir ce formulaire):

I. CONTACT INFORMATION / COORDONNÉES

First Name (Prénom): _____ Family Name (Nom de Famille) : _____

Address(e): _____

City (Ville), Province: _____ Postal Code: _____

Email (Courriel): _____

Phone Number: _____

2. FAMILY ECONOMIC SITUATION / SITUATION FAMILIALE ECONOMIQUE

<input type="checkbox"/> Social Assistance / Assistance social	<input type="checkbox"/> Unemployment Insurance / Assurance chômage
<input type="checkbox"/> Employed / Salarié	<input type="checkbox"/> No Income / Pas de revenue
<input type="checkbox"/> Pension (Disability, Old-Age, etc.) / Pension	Other / Autres _____

- Proof of income required **one required**: 1) last income tax filing, or 2) welfare statement, or 3) pension statement, or 4) pay stub.

3. NUMBER OF PEOPLE IN HOUSEHOLD / PERSONNES DANS LA FAMILLE ____

4. NUMBER OF CHILDREN / COMBIEN D'ENFANTS

GIRLS / FILLES	BOYS / GARCONS
HOW MANY/ NOMBRE:	HOW MANY / NOMBRE:
AGES:	AGES:

5. ALLERGIES, FOOD RESTRICTIONS, OR REQUIREMENTS / ALLERGIES, RESTRICTIONS ALIMENTAIRES OU EXIGENCES

SPECIFY: _____

October 2020

Website: jam-montreal.com * Email: info@jam-montreal.com * Phone: 514-737-8229