**Food Bank Intake Form**

**First & Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **(YYYY/MM/DD)**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Source of income (Please mark one)**  
Ontario Works (OW)\_\_ **Canada Recovery Caregiver Benefit (CRCB)\_\_** No Income\_\_ **OAS\_\_** WSIB\_\_  
**Canada Recovery Sickness Benefit (CRSB)\_\_** Canada Worker Lockdown Benefit (CWLB)\_\_ **Other\_\_**  
CERB (Canada Emergency Response Benefit)\_\_ **Child Support\_\_** Child Tax Benefit\_\_ **CPP\_\_** EI\_\_  
**Employed Part-Time\_\_** Employed Full-Time\_\_ **Private Disability\_\_** Private Pension\_\_ **Student Loans\_\_**  
Provincial Disability(ODSP)\_\_ **Scholarships\_\_** Spouse/Family Support\_\_ **Universal Child Care Benefit\_\_**  
 **Gender** **(Please mark one)**Female \_\_ Male \_\_ Transgender \_\_ Other \_\_ Prefer Not To Answer \_\_   
  
**Ethnicity/Origin/Race** **(Please mark one)**   
Prefer not to answer\_\_ Indigenous\_\_ White\_\_ South Asian\_\_ Chinese\_\_ Black\_\_ Filipino\_\_ Latin American\_\_ Arab\_\_ West Asian\_\_ Korean\_\_ Japanese\_\_ South East Asian \_\_ Other\_\_ Didn’t Ask\_\_ Don’t Know\_\_   
  
**Disability** **(Please mark one)**Yes\_\_ No\_\_ Prefer Not To Answer\_\_ Don’t Know\_\_ Didn’t Ask\_\_  
  
**Have you lived in Canada for more than 10 years** **(Please mark one)**Yes\_\_ No\_\_ Prefer Not To Answer\_\_ Don’t Know\_\_ Didn’t Ask\_\_   
(if the answer is no Month/Year of arrival in Canada\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
 **Are you currently a University or College Student (Please mark one)**Yes\_\_ No\_\_ Prefer Not To Answer\_\_  
  
**Highest Education Level Completed** **(Please mark one)**Grade 0-8\_\_ Grade 9-11\_\_ Highschool Diploma\_\_ OAC\_\_ Post Secondary(some)\_\_   
Trade Certificate/Professional Accreditation\_\_ 2 Year Degree\_\_ 4 Year Degree\_\_   
Masters Degree\_\_ PHD\_\_ Don’t Know\_\_ Didn’t Ask\_\_ Prefer Not to Answer\_\_  
  
**Country of Education:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address (include apartment or unit numbers & Postal Code)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
 **Housing type (Please mark one)**  
Emergency Shelter / Mission / Transitional\_\_\_ Evacuee \_\_ Own Home\_\_ Private Rental\_\_ Unhoused\_\_ Public (Social) Housing \_\_ Undisclosed\_\_ Youth Home/Shelter\_\_ Didn’t Ask\_\_ With Family/Friends\_\_ Other\_\_ Don’t Know\_\_ Prefer Not to Answer\_\_\_  
 **Referred By (Please mark one)**  
Client/Family/Friend\_\_ EI\_\_ Unions\_\_ Media/News/Outreach\_\_ ODSP\_\_ OW\_\_   
Other Food Bank Agency\_\_ Programs within agency\_\_ Didn’t Ask\_\_ Don’t Know\_\_   
Prefer Not to answer\_\_ Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Considerations**Prefer not to answer\_\_ Didn’t Ask\_\_ Don’t Know\_\_ Diabetic\_\_ Other (please Specify)\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 **Other Household Members   
 First & Last Name Birth Date(YYYY/MM/DD) Relationship Gender**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  
  
A logo for a community food program

Description automatically generated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**Pets (cats/dogs please list how many and what kind):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Instant/Perked coffee(which do you prefer?):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**Do you drink Tea (herbal, black, orange pekoe?):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Do you use Sugar or Whitener (please list):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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