**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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

 **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_