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Labels

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After the Bell 2025

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Ashley (Kawartha)

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Carla

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Case for Support 2025

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Community Dinners

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Community Food Progr

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Conference 2025



Food Bank Intake Form

First & Last Name:

Phone Number:

Birth Date:

(YYYY/MM/DD)

Email:

Gender (Please mark one)

Female ☐ Male ☐ Transgender ☐ Other ☐ Prefer Not To Answer ☐

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)