**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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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\_\_
 **Other Household Members
 First & Last Name Birth Date(YYYY/MM/DD) Relationship Gender**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

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

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

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

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

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

**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\_\_

Dietary Considerations (If this does not apply to you, please leave this section blank)**Prefer not to answer\_\_ Didn’t Ask\_\_ Don’t Know\_\_ Diabetic\_\_ Other (please Specify)\_\_

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

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

|  |  |
| --- | --- |
| A logo for a community food program  Description automatically generated | HARVEST SHARE COMMUNITY FOOD PROGRAMS         Informed Consent Information Sheet |
|  |  |

Harvest Share Community Food Programs is always striving to improve our services for our clients. Through the collection of each client's information, we are able to view the larger picture.

This allows us to better serve the main needs of the community.

All personal information collected is also helpful in creating statistical data, which we share with Food Banks Canada so that they may help meet our needs.

All information that is collected is stored in a safe and private manner.

Please add your signature to show that you have understood this information and if there is anything you are unsure of, please ask for clarification.

**\*Please understand that deciding that you don't want your personal information used for any reason, does not affect your ability to continue to take part in our food programs.\***

Thank you for your help with this matter!

* Your Harvest Share Family

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