



Date Received: _____	Primary ID Type: _____	Household Members ID Type: _____
Link2Feed #: _____		Will bring at next visit: _____
Household size: _____	# of Adults: _____	# of Children (under 19): _____

Primary Household Member

First Name: _____ Last Name: _____

Date of Birth (MM-DD-YYYY): _____ Gender: _____

Address: _____

Telephone #: _____ Email: _____

How can we contact you: e-mail phone do not contact me

Single: Married: Common Law: Divorced: Other: _____

Own home: Rent: Public Housing: Friends/Family: Other: _____

Prefer not to say:

Languages spoken in home: _____ How did you hear about us: _____

Ethnicity/Racial Identity: _____ Prefer not to say:

Disability: No: Yes: _____ Prefer not to say:

Less than 10 years in Canada: Yes MM/YYYY arrived: _____ Nationality: _____

Halal: Kosher: Allergies/Other dietary considerations: _____

Additional Household Members:

Last Name	First Name	Date of Birth MM-DD-YYYY	Relationship	ID Type

New and Returning WSFB Client Intake Form

Whitchurch Stouffville Food Bank (WSFB) Client Agreement

This form is the agreement between the WSFB and you, our client.

You must live in Stouffville. Every time you visit be prepared to provide Photo ID for all members of the Household and proof of residence for any household member over the age of 18.

Acceptable Photo ID: Current Drivers License, Health Card, Passport, Government ID

Acceptable Proof of residence: Current (within 3 months) utility bill, lease agreement, government mail, bank statement.

Client Responsibilities:

- to be courteous and polite to food bank volunteers and other clients;
- to provide information requested by the food bank;
- to notify the food bank of any changes to your household in a timely manner;
- to supervise children and drive safely in our parking area;
- to abide by the policies and procedures of the WS Food Bank;

Clients will be asked to leave for inappropriate behaviour, use of profane or inappropriate language/action, destruction of property, verbal or physical abuse of food bank clients or volunteers.

Additional information about how the WSFB operates can be found in the WSFB Client Handbook.

Privacy

The personal information on this form is collected to validate residency requirements and assists us to better understand our clients so we may serve you better. We also use summarized information to help us apply for grants. All personal information collected is stored in a safe and private manner.

Consent:

I understand and agree to the following:

1. I voluntarily seek assistance from WSFB and understand the information provided will be used for the purpose of determining eligibility and providing food assistance.
2. I consent to the collection of the personal data I have provided and understand the WSFB will collect, use, and disclose my personal information only in accordance with applicable privacy laws and regulations.

In signing below, I agree to release the Whitchurch Stouffville Food Bank, and its staff, volunteers, officers, and directors from all responsibility pertaining to any issues related to the food or other products received. I understand it is my responsibility to check all food/products, including best-before dates and expiration dates, before use.

Please review the information provided above and sign to indicate your consent to participate in Whitchurch Stouffville Food Bank program.

Signature: _____ Date: _____