

Moosomin Food Share

Needing A Hamper

Moosomin Food Share is a rural community food bank that tries to aid anyone in need, however those enrolled in government funded assistant programs or those in the lowest income bracket will be helped first. Moosomin Food Share radius is Moosomin, Wapella, Welwyn and Fleming. If you are outside those areas, we will help you contact your nearest food bank. As of right now, we are on a trust basis for those in need of a hamper but come soon, you may be required to show proof of residency, financial statements and / or record of being on an assisted program. Attached is a form for you to fill out and bring back at your convenience. Please fill out the new form as well as sign it before returning. You must bring back the form before you can receive your next hamper. **Everything is strictly confidential.**

If you're in need of an emergency hamper, you will need your client number. If you are new to the food bank, as a new client you will need your health card number and proof of address. As a new client, you will receive a client number along with your bundle. If you have not accessed our food bank in the last 12 months, you are considered a new client. If needing assistance more than once, you will have to make an appointment to speak with our administrator.

Picking Up Hampers

You have to let us know at least **one week** in advance of hamper day if you would like a hamper for that month. Failure to do so, will ensure you won't receive milk, eggs or bread as this has to be pre-ordered. Advise our members if there are any special requests you may have regarding your order (i.e. baby food, dietary). Please note that we can only fulfill certain requests depending on availability of product.

Food hampers contain a few days' supply of food, depending on product availability. As of February of 2024, you will now be in charge of making your own hampers. A staff member will be in the food share to assist you with this. On your given date on your scheduled time, you will pick your non perishable food items. If you are a single individual, you will be allowed twelve items. A couple or three people will be allowed 15 items. If you are a family of 4 or more than you will pick 20 items. Your perishable items which a staff member will give you is not counted in those above numbers.

If for some reason you cannot attend Moosomin Food Share on the day scheduled for your order pick up, you must phone 306-435-2633 to reschedule or cancel your order. **Please do not text or call a staff member or volunteer directly.** Given the volume of orders, we cannot hold your order past your original scheduled appointment. If after this time we have not received a call about a missed order, you could be suspended for 30 days from utilizing the Food Share services so please be sure to contact us if there is a change. If there are repeated occurrences of orders not being picked up, it could result in your account being cancelled. Clients qualify for an order no fewer than 30 days of their last order. Upon receiving your order, products must be transferred from the food bank containers to your own bags or boxes. Please bring with you your own bags or boxes.

Since we have a limited supply of food and containers, clients that remove any items from our premises could face a 30 day suspension. Unfortunately, due to safety and health reasons, we cannot replace products that have left the premises and encourage you to take time to go through your order prior to leaving. A food hamper may contain: a "best before" or "use by date" that has expired. Canned food may be dented, discard after opening if contents spray out after opening. (NOTE: canned foods are good past their expiry date for one year).

There is zero tolerance for verbal or physical abuse. Observation of recent alcohol or drug usage will result in asking you to leave the premises.

Changing of Dates

We are no longer having hamper day as the last Wednesday of the month. It will now be moved to the second or third Tuesday or Wednesday of the month. Times to pick up remain the same, from 9:00 A.M. to 5:00 P.M. Please contact us for the pick up dates. Please mark it on your calendar.

If you have any questions or require any other assistance, please reach out to us at 306-435-2633 or email us at sehas2018@sasktel.net.

Thank You

Samantha Campbell
Administrator / Manager

Moosomin Food Share
C/O Southeast HealthAbility Society/ Moosomin Thrift Store / Moosomin Food Share
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P.O. Box 1803, Moosomin, SK S0G 3N0
306-435-2633
Sehas2018@sasktel.net
www.moosominfoodshare.com

Application Form

Name: _____
(Last Name, First Name)

Date of Birth: _____ **Gender Identity:** _____
(Month/Day/Year)

Household Type:

- ☐ Single Person ☐ Married ☐ Common-law ☐ Divorced
☐ Separated ☐ Widowed ☐ Prefer Not to Answer

Address: _____
(Street) (City) (Postal Code)

Mailing Address: _____
(Postal Box) (City) (Postal Code)

Housing Type: ☐ Home Owner ☐ Private Rental
☐ Public Housing ☐ Prefer Not to Answer ☐ With Friends / Family

Phone Number: _____ **Health Card #:** _____

Email Address: _____

Referred By: _____

Racial Identities:

☐ Arab ☐ Black ☐ Chinese ☐ Filipino ☐ Indigenous ☐ Korean

☐ South Asian ☐ West Asian ☐ White ☐ Prefer Not to Answer

Disability:

☐ Yes ☐ No ☐ Prefer Not to Answer

In Canada 10 Years or Less:

☐ Yes ☐ No ☐ Prefer Not to Answer

Post Secondary Student:

☐ Yes ☐ No ☐ Prefer Not to Answer

Household Member

Number	Name	Date of Birth	Age	Health Card #	Relationship
1					
2					
3					
4					
5					
6					
7					
8					

Highest Education Level Completed:

☐ Grades 0-8 ☐ Grades 9-11 ☐ High School Diploma ☐ Trade School

☐ Post Secondary ☐ Masters Degree ☐ Prefer Not to Answer

Household Monthly Income:

Full Time Employment: \$ _____
Part Time Employment: \$ _____
Employment Insurance (EI) \$ _____
Disability \$ _____
Child Benefits: \$ _____
Other Canada Benefit: \$ _____
Pension / CPP: \$ _____
Social Assistance: \$ _____
Student Financing: \$ _____
Undisclosed: \$ _____
Total: \$ _____
Month End Cash: \$ _____

Household Monthly Expenses

Debt: \$ _____
Rent/Mortgage: \$ _____
Utilities: \$ _____
Vehicle: \$ _____
Water/Sewer: \$ _____
Phone: \$ _____
Cable: \$ _____
Transportation: \$ _____
Insurance: \$ _____
Daycare: \$ _____
Other: \$ _____
Total: \$ _____

Dietary Restrictions:

I agree to use all items as soon as possible and accept any risk associated as noted above however, if there is a concern it is suggested you discard such items.

I declare that the information given is truthful and that income information has not been withheld or misrepresented. {Misrepresented includes claiming single status rather than couple; the hamper status determines the size of hampers.

Misrepresentation of any information may result in being dismissed from using the Moosomin Food Share.

The undersigned person(s) is aware that Moosomin's Food Share is a non-profit association engaged in the collection of food and toiletries from various producers, people, organizations, retail and wholesale outlets, the storage of same and the

redistribution of such food stuff to individuals who request them. The undersigned has applied to Moosomin's Food Share for food stuff subject to the understanding below.

In consideration of Moosomin's Food Bank's agreeing to supply food stuff to the undersigned person, the undersigned individual hereby agrees to as follows:

1. The undersigned person or agency acknowledges and agrees they are receiving the food stuff from Moosomin's Food Bank on an "as is" basis. Upon receipt of the food stuff, the undersigned will inspect the food stuff immediately to ensure they are fit for human consumption and the undersigned acknowledges that they shall be responsible to discard any food stuff that may be unfit to ensure that all food stuff distributed are fit for human consumption.
2. The undersigned person hereby releases and forever discharges Moosomin's Food Bank, it's members, servants, agents, representatives and officers of and from all manner of action, causes of actions, claims or demands which against the said Moosomin's Food Bank, it's members, servants, agents, representatives and officers the undersigned may hereafter have by reason any death or injury, loss or damage howsoever caused arising out of or in connection with the supply of food stuff and notwithstanding that any such injury, death, loss, or damage may have been contributed to or occasioned by the negligence of Moosomin's Food Bank, it's members servants, agents, representatives and the undersigned agency further agrees to save harmless and keep indemnified Moosomin's Food Bank, it's members servants, agents, representatives and officers from and against all claims, action, costs, expenses and demands in respect of any death or injury to the undersigned or to any person who received the food stuff from the undersigned arising out of or in connection with the consumption of food stuff, and notwithstanding that any such death or injury may have been contributed to or occasioned by the negligence of Moosomin's Food Bank and it's members, servants, agents, representatives and officers.

It is understood and agreed that this indemnifying release has been obtained by Moosomin's Food Bank on it's own behalf and as agent for the members, servants, agents, representatives and officers of Moosomin's Food Bank.

If you order a hamper and fail to pick it up at the designated time of 9:00 A.M. – 5:00 P.M. the Moosomin's Food Bank has the right to refuse you ordering another hamper for the following pickup time.

Date: _____

Receipient: _____ Signature: _____
(Printed Name)

Witness: _____ Signature: _____
(Printed Name)