



CAMBRIDGE SELF-HELP FOOD BANK

APPLICATION FORM

PLEASE PRINT

QUESTIONS WITH AN ASTERISK (*) ARE OPTIONAL

NAME	LAST		FIRST		MIDDLE		PHONE #	
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ADDRESS	STREET		UNIT		CITY		POSTAL CODE	
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*IS YOUR HOME: OWNED RENTED SUBSIDIZED W/ FAMILY OR FRIENDS GROUP HOME SHELTER NONE

*IS THIS YOUR FIRST TIME USING A FOOD BANK? YES NO

*ARE YOU A CURRENT COLLEGE/UNIVERSITY STUDENT? YES NO

WHAT IS YOUR LIVING ARRANGEMENT? SINGLE COUPLE ROOMMATE

*ARE YOU A CITIZEN OF THE FIRST NATIONS? YES NO

DO YOU HAVE CHILD(REN) LIVING WITH YOU? YES NO

*ARE YOU A RECENT IMMIGRANT TO CANADA? (<10 YEARS) YES NO

IF YES, IS THIS THEIR PRIMARY RESIDENCE? YES NO

*IF YES, FROM WHERE? _____

Please fill in your date of birth and source of income, as well as for all listed members of your household.

All information must be **verified** with valid ID and/or documentation.

NAME		Relation To You	M - F	DATE OF BIRTH			ID SUPPLIED	PROOF OF INCOME	GROSS MONTHLY INCOME	SOURCE OF INCOME													
LAST	FIRST			MM	DD	YYYY				OW	ODSP	CPP	Old Age Pension	EI	WSIB	Priv. Insurance	Work Full Time	Work Part Time	Work Casual	Self Employed	OSAP	Child Support	Family Support
APPLICANT →								\$															
								\$															
								\$															
								\$															
								\$															

IF YOU REQUIRE MORE ROOM TO LIST THE MEMBERS OF YOUR HOUSEHOLD, PLEASE USE A SECOND SHEET.

IMPORTANT: The undersigned personally and on behalf of the family members (related to above), all heirs, executors, and assigned hereby releases and forever discharges the Cambridge Self-Help Food Bank from any and all actions, suits, claims, and demands whatsoever he/she shall or may have now and hereafter. I understand and permit this information to be shared with the Salvation Army or other Social Service Agencies.

FOR YOUR INFORMATION: You can access a maximum of **EIGHT (8)** emergency hampers per **YEAR** between the Cambridge Self-Help Food Bank and the Salvation Army.

SIGNATURE _____

DATE _____

OFFICE USE	EMERGENCY PICK-UP	YES <input type="checkbox"/> NO <input type="checkbox"/>	CO-OP MEMBER	YES <input type="checkbox"/> NO <input type="checkbox"/>	CO-OP GROUP	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	CHECKED BY	
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