

**Personal**

*All questions marked with an asterisk (\*) are required fields*

\*First Food Bank Visit: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

\* Last name: \_\_\_\_\_ \* First name: \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yyyy) Estimated? ☐ Y ☐ N

\* Gender:

- ☐ Female <sup>01</sup> ☐ Male <sup>02</sup> ☐ Transgender <sup>03</sup> ☐ Other <sup>04</sup>  
☐ Didn't Ask <sup>05</sup> ☐ Prefer Not to Answer <sup>06</sup> ☐ Don't Know <sup>07</sup>

\*Consent: (See last page for Hard Copy)

- ☐ Typed <sup>01</sup> ☐ Hard Copy <sup>02</sup> ☐ Sign on Screen <sup>03</sup> ☐ Verbal <sup>05</sup>

\* Marital status:

- ☐ Single <sup>01</sup> ☐ Married <sup>02</sup> ☐ Common-Law <sup>03</sup> ☐ Divorced <sup>04</sup> ☐ Separated <sup>05</sup>  
☐ Widowed <sup>06</sup> ☐ Don't Know <sup>07</sup> ☐ Prefer Not to Answer <sup>08</sup> ☐ Didn't Ask <sup>09</sup>

\* Address: \_\_\_\_\_ Address (Line 2): \_\_\_\_\_

\* City: \_\_\_\_\_ \*Province: \_\_\_\_\_ \* Postal code: \_\_\_\_\_

- ☐ No fixed address ☐ Prefer not to answer

\* Housing Type: ( Select one)

- ☐ Band Owned <sup>01</sup> ☐ Own Home <sup>05</sup> ☐ Group Home/Youth Shelter <sup>09</sup>  
☐ Emergency Shelter <sup>02</sup> ☐ Private Rental <sup>06</sup> ☐ Rooming House <sup>10</sup>  
☐ On The Street <sup>03</sup> ☐ Social rental Housing <sup>07</sup> ☐ Prefer Not to Answer <sup>11</sup>  
☐ Other <sup>04</sup> ☐ With Family/Friends <sup>08</sup> ☐ Didn't Ask <sup>12</sup> ☐ Don't Know <sup>13</sup>

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ID Type: \_\_\_\_\_

Language(s) Spoken:(Select all that apply)

- ☐ English <sup>01</sup> ☐ French <sup>02</sup> ☐ Spanish <sup>03</sup> ☐ Vietnamese <sup>04</sup> ☐ Russian <sup>05</sup> ☐ Mandarin <sup>06</sup>  
☐ Hindi/Urdu <sup>07</sup> ☐ Arabic <sup>08</sup> ☐ Tagalog <sup>03</sup> Other: \_\_\_\_\_<sup>10</sup>

Referred By: \_\_\_\_\_

\* Ethnicity: (Select all that apply)

- ☐ Indigenous <sup>01</sup> ☐ White <sup>02</sup> ☐ South Asian <sup>03</sup> ☐ Chinese <sup>04</sup> ☐ Black <sup>05</sup>  
☐ Filipino <sup>06</sup> ☐ Latin American <sup>07</sup> ☐ Arab <sup>08</sup> ☐ Southeast Asian <sup>09</sup> ☐ West Asian <sup>10</sup>  
☐ Korean <sup>11</sup> ☐ Japanese <sup>12</sup> ☐ Other <sup>13</sup> ☐ Didn't Ask <sup>14</sup> ☐ Prefer Not to Answer<sup>15</sup>  
☐ Don't Know <sup>16</sup>

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Personal		
*Disability:		
<input type="checkbox"/> Yes <sub>01</sub>	<input type="checkbox"/> No <sub>02</sub>	<input type="checkbox"/> Didn't Ask <sub>03</sub> <input type="checkbox"/> Prefer Not to Answer <sub>04</sub> <input type="checkbox"/> Don't Know <sub>05</sub>
*In Canada 10 Years or Less:		
<input type="checkbox"/> Yes <sub>01</sub>	<input type="checkbox"/> No <sub>02</sub>	<input type="checkbox"/> Didn't Ask <sub>03</sub> <input type="checkbox"/> Prefer Not to Answer <sub>04</sub> <input type="checkbox"/> Don't Know <sub>05</sub>
Profile		
* Highest Education Level Completed: (Select one)		
<input type="checkbox"/> Grades 0-8 <sub>01</sub>	<input type="checkbox"/> Post-Secondary (Some) <sub>05</sub>	<input type="checkbox"/> Master's Degree <sub>09</sub>
<input type="checkbox"/> Grades 9-11 <sub>02</sub>	<input type="checkbox"/> Trade School / Professional Accreditation <sub>06</sub>	<input type="checkbox"/> PhD <sub>10</sub>
<input type="checkbox"/> Grade 12 <sub>03</sub>	<input type="checkbox"/> College Diploma <sub>07</sub>	<input type="checkbox"/> Didn't Ask <sub>11</sub>
<input type="checkbox"/> OAC <sub>04</sub>	<input type="checkbox"/> University Degree <sub>08</sub>	<input type="checkbox"/> Prefer Not to Answer <sub>12</sub>
		<input type="checkbox"/> Don't Know <sub>13</sub>
Monthly Income		
* Primary Source of Income (main client): (Select all that apply)		
<input type="checkbox"/> Canada Child Benefits <sub>01</sub> <input type="checkbox"/> CPP <sub>02</sub> <input type="checkbox"/> Disability Related Benefits <sub>03</sub> <input type="checkbox"/> Employment Insurance Income <sub>04</sub> <input type="checkbox"/> No Income <sub>05</sub> <input type="checkbox"/> Part-Time Employment <sub>06</sub> <input type="checkbox"/> Social Assistance <sub>07</sub> <input type="checkbox"/> Student Loan <sub>08</sub> <input type="checkbox"/> Undisclosed <sub>09</sub> <input type="checkbox"/> Other <sub>10</sub> Specify: _____		
Monthly Amount: _____		
Additional Income: (Select all that may apply)		
<input type="checkbox"/> Canada Child Benefits <sub>01</sub> <input type="checkbox"/> CPP <sub>02</sub> <input type="checkbox"/> Disability Related Benefits <sub>03</sub> <input type="checkbox"/> Employment Insurance Income <sub>04</sub> <input type="checkbox"/> Part-time Employment <sub>05</sub> <input type="checkbox"/> Social Assistance <sub>06</sub> <input type="checkbox"/> Student Loan <sub>07</sub> <input type="checkbox"/> Other <sub>08</sub> Specify: _____		
Monthly Household Expenses: _____		
Dietary Considerations (Select all that apply)		
<input type="checkbox"/> Diabetic <sub>01</sub>	<input type="checkbox"/> Peanut Allergy <sub>07</sub>	<input type="checkbox"/> Sulfate Allergy <sub>13</sub>
<input type="checkbox"/> Egg Allergy <sub>02</sub>	<input type="checkbox"/> Pork Allergy <sub>08</sub>	<input type="checkbox"/> Sulfite Allergy <sub>14</sub>
<input type="checkbox"/> Fruit Allergy <sub>03</sub>	<input type="checkbox"/> Poultry Allergy <sub>09</sub>	<input type="checkbox"/> Tree Nuts Allergy <sub>15</sub>
<input type="checkbox"/> Gluten Allergy <sub>04</sub>	<input type="checkbox"/> Seafood Allergy <sub>10</sub>	<input type="checkbox"/> Vegan <sub>16</sub>
<input type="checkbox"/> Milk Allergy <sub>05</sub>	<input type="checkbox"/> Sesame Allergy <sub>11</sub>	<input type="checkbox"/> Vegetarian <sub>17</sub>
<input type="checkbox"/> MSG Allergy <sub>06</sub>	<input type="checkbox"/> Soy Allergy <sub>12</sub>	<input type="checkbox"/> Wheat Allergy <sub>18</sub>
<input type="checkbox"/> Prefer Not to Answer <sub>20</sub>	<input type="checkbox"/> Didn't Ask <sub>21</sub>	<input type="checkbox"/> Other <sub>19</sub> (Specify) _____
		<input type="checkbox"/> Don't Know <sub>22</sub>

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Household Members					
*Last name: _____		* First name: _____			
* Date of Birth: ____/____/____(dd/mm/yyyy)		Estimated?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
*Gender:					
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Don't Know
*Relationship:					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative
<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Common-Law Partner	<input type="checkbox"/> Friend	<input type="checkbox"/> Undisclosed	<input type="checkbox"/> Roommate	<input type="checkbox"/> Other
*Ethnicity:					
<input type="checkbox"/> Indigenous	<input type="checkbox"/> White	<input type="checkbox"/> South Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Black	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Latin American	<input type="checkbox"/> Arab	<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> West Asian	
<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Don't Know
*Disability:					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Don't Know	
*In Canada 10 Years or Less:					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Don't Know	
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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*In Canada 10 Years or Less:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Don't Know
*Last name: _____		* First name: _____		
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*Gender:				
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other	<input type="checkbox"/> Didn't Ask <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Don't Know
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*Disability:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Don't Know
*In Canada 10 Years or Less:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Didn't Ask	<input type="checkbox"/> Prefer Not to Answer	<input type="checkbox"/> Don't Know

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Food Banks Canada is the only national charitable organization dedicated to helping Canadians living with hunger. We have a network of affiliated food banks and partners across Canada, which includes Provincial Associations and more than 650 food banks.

Food Banks Canada is committed to protecting the privacy and the personal information of its network, donors, employees, beneficiaries, and other stakeholders. Food Banks Canada values the trust of those we deal with, and of the public, and recognizes that maintaining this trust requires that we be transparent and accountable in how we treat the personal information that you may choose to share with us.

Your local food bank collects and uses your personal information to manage programs, assess your eligibility for support, understand the needs of those they serve and improve services. This personal information may be shared with other agencies including Food Banks Canada and Link2Feed to provide more complete support, conduct research, eliminate duplication of efforts, or fulfil commitments to those who fund programs. Both Food Banks Canada and your local food bank obey strict standards of confidentiality when collecting, using and sharing or disclosing your personal information. If you have any questions or concerns about the privacy of your personal information, please contact your local food bank and/or Food Banks Canada.

Please know that:

- You have the right to receive a copy of the information about you that is stored in your local food bank's Client Management System and/or Food Banks Canada's Link2Feed Client Intake software.
- You have the right to correct mistakes in information about you.
- Your information may be transferred to servers in other Provinces and outside of Canada.

Our resources and ability to serve your community depend in part on the information provided by our clients.

I have read and understood the information above and by signing this document I agree that my local food bank may collect, use and disclose my personal information for the purposes mentioned above. I also agree that my personal information will be entered into the Food Banks Canada's Link2Feed Client Intake software and may be entered into my local food bank's CMS.

In applying for assistance from my local food bank on behalf of my household, and sharing information about my family members, I confirm that I am sharing this information with the knowledge and permission of all household members age 18 and over (AB, SK, MB, ON, PE, QC) or age 19 and over (BC, NT, NU, YT, NB, NL, NS).

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Client name (print)	signature	date
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If you have questions, concerns or a complaint about how a staff member, intern or volunteer is handling your personal information, and you cannot resolve your questions or concerns with that person directly, please write to or email your local food bank.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_