

Agassiz-Harrison Community Services Society Po Box 564, 7086 Cheam Avenue 604-796-2585 info@agassizcs.ca

## **Food Bank**

				Applicant I	nformatio	1	
Full Name:					Birthdate:		
an italiio.	Last			First			
Address:							
	Street Address						Apartment/Unit #
	City					Province	Postal Code
hone:					Email		
.anguages:							
larital Stat	us (Please Circle)	•Single	•Married	•Common-	Law •Divo	rced •Separated	•Widowed •Undisclosed
lousing Ty	<b>pe</b> (Please Circle)	•Band Ov		n Home •W Social Housing		,	cy Shelter •Private Rental sclosed
eferred By	1 (Please Circle)		amily/Frier ood Bank /	nd •Employr Agency •Pro	nent Insurand	( )	lews/Outreach •Unions C •Self Referral
thnicity (Pl	lease Print)						•Undisclosed
lighest Edu	ucation (Please	Circle)	Grade 0-	8 Grade 9	-11 Grade	e 12 <sup>©</sup> OAC <sup>©</sup> P	ost-Secondary C Trade
Certificate	College Diplo	oma <sup>©</sup> Univ	versity De	gree			
				Househol	d Members		
ull Name:	Last			First			_Birthdate:
thnicity (Pl	lease Print)						<ul><li>Undisclosed</li></ul>
Relationshi	<b>p</b> (Please Circle)	•Spouse	•Child	•Grandchild	•Other:		Gender:
ull Name:							Birthdate:
Ethnicity (Pl	Last lease Print)			First		·	•Undisclosed
	<b>p</b> (Please Circle)						Gender:
ull Name:							Birthdate:
Full Name: Ethnicity (Ple	Last ease Print )			First			_Birthdate:

	-						_ Birthdate:
Ethnicity (Ple	Last ease Print)			First			•Undisclosed
Relationship	(Please Circle)	•Spouse	•Child	•Grandchild	•Other:		Gender:
Full Name:	Last			First			Birthdate:
Relationship	(Please Circle)	•Spouse	•Child	•Grandchild	•Other:		Gender:
Full Name:	 Last			First			_ Birthdate:
Relationship	(Please Circle)	•Spouse	•Child	•Grandchild	•Other:		Gender:
Full Name:							Birthdate:
	Last			First			
Relationship	(Please Circle)	•Spouse	•Child	•Grandchild	•Other:		Gender:
Relationship	(Please Circle)	•Spouse				Consideration	
			Foo	od Allergies	& Dietary		
Please indica	ate any food a	illergies or	Foo	od Allergies of tary consideration Monthly	& Dietary ations in y	Consideration our household:	IS
Please indica	ate any food a	illergies or	Foo	od Allergies of tary consideration Monthly	& Dietary ations in y Income	Consideration our household:	our household:
Please indica	ate any food a	illergies or	Foo	od Allergies of tary consideration Monthly	& Dietary ations in y	Consideration our household:	IS
Please indica	ate any food a	illergies or	Foo	od Allergies of tary consideration Monthly	& Dietary ations in y Income	Consideration our household:	our household:
Please indica	ate any food a	illergies or	Foo	od Allergies of tary consideration Monthly	& Dietary ations in y Income	Consideration our household:	our household:
Please indica	ate any food a	illergies or	Foo	od Allergies of tary consideration Monthly	& Dietary ations in y Income	Consideration our household:	our household:

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).

Client name (print)	signature	date

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.