



## SEVA FOOD BANK INTAKE FORM

<b>Full Name:</b>		<b>Today's Date:</b>
<b>Address:</b>	Street Address:	City:
	Postal Code:	Apartment #:
<b>Phone:</b>	Home:	<b>Email:</b>
	Cell:	
<b>Date of Birth:</b>	Day/Month/Year:	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>Housing Status:</b>	<input type="checkbox"/> Private Rental <input type="checkbox"/> Own Home <input type="checkbox"/> Social Housing <input type="checkbox"/> Band Owned <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Youth Shelter <input type="checkbox"/> On the Street <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Other (please specify): _____	
<b>Language(s):</b>		
<b>*Ethnicity:</b>	<input type="checkbox"/> Visible Minority <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> N/A	
<b>*Self-Identifies As:</b>	<input type="checkbox"/> Refugee <input type="checkbox"/> Veteran <input type="checkbox"/> Newcomer (Arrival Date: _____) <input type="checkbox"/> Syrian <input type="checkbox"/> Other <input type="checkbox"/> Person with Disability <input type="checkbox"/> N/A	
<b>Education Level:</b>	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> OAC <input type="checkbox"/> College Diploma <input type="checkbox"/> University Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Post-Secondary (some) <input type="checkbox"/> Trade Certification/Professional Accreditation  Country of Education: _____	

**HOUSEHOLD MEMBER INFORMATION**

Please provide additional family information below. Attach extra sheet if required.

# of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_

Full Name:	Relationship to Applicant:	Date of Birth: (dd/mm/yyyy)	Gender:	Status Details:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <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"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <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"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <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"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student
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Indicate all sources of <i>monthly</i> household income and dollar amounts.		Indicate all <i>monthly</i> household expenses and dollar amounts.
<input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Child Tax \$ _____ <input type="checkbox"/> CPP \$ _____ <input type="checkbox"/> EI \$ _____ <input type="checkbox"/> Employed FT \$ _____ <input type="checkbox"/> Employed PT \$ _____ <input type="checkbox"/> OAS \$ _____ <input type="checkbox"/> ODSP \$ _____	<input type="checkbox"/> Ontario Works \$ _____ <input type="checkbox"/> Pensions \$ _____ <input type="checkbox"/> Refugee Assistance \$ _____ <input type="checkbox"/> Scholarship \$ _____ <input type="checkbox"/> Spouse Support \$ _____ <input type="checkbox"/> Student Loan \$ _____ <input type="checkbox"/> Universal Child \$ _____ <input type="checkbox"/> WSIB \$ _____ <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Childcare \$ _____ <input type="checkbox"/> Debt \$ _____ <input type="checkbox"/> Food \$ _____ <input type="checkbox"/> Medical \$ _____ <input type="checkbox"/> Mortgage \$ _____ <input type="checkbox"/> Personal \$ _____ <input type="checkbox"/> Phone \$ _____ <input type="checkbox"/> Rent \$ _____ <input type="checkbox"/> Transit \$ _____ <input type="checkbox"/> Utilities \$ _____ <input type="checkbox"/> Vehicle \$ _____ <input type="checkbox"/> Other \$ _____
<b>*Financial Worksheet (Agency Use Only):</b> Monthly Gross Income: _____ Total Monthly Expenses: _____ Monthly Net Income: _____		
<b>Dietary Considerations:</b> <input type="checkbox"/> Diabetic <input type="checkbox"/> No Pork <input type="checkbox"/> Wheat Allergy <input type="checkbox"/> Fish Only <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Vegan <input type="checkbox"/> Egg Allergy <input type="checkbox"/> Peanut Allergy <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Other <input type="checkbox"/> Sesame Allergy		
<b>How did you find out about Seva Food Bank?</b>		
<b>Documents Required:</b>	Please provide a copy of the following: 1. Photo ID for all household members 2. Proof of address (driver's license, lease agreement, piece of mail, etc.)	

The undersigned client certifies that the information/answers provided are complete and true. You further agree to:

- You understand that Seva Food Bank is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- There is no guarantee to the amount or type of food or produce given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, littering, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at Seva Food Bank.
- By completing this form, the client agrees to accept help and support from Seva Food Bank on these terms and completely and unconditionally indemnify Seva Food Bank in all respects from any liability.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENCY USE ONLY

**ALERTS** (MISSING DOCUMENTS, RENEWAL DATE, ISSUES WITH BEHAVIOUR):

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**CASE NOTES** (IMPORTANT INFO ABOUT CLIENT'S SITUATION):

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**FOR OFFICE USE:**

<b>Intake Completed By:</b>	<b>Intake Verified By:</b>	<input type="checkbox"/> <b>Registration complete</b>
		<input type="checkbox"/> <b>To be provided on next visit</b>
		<input type="checkbox"/> Proof of address
		<input type="checkbox"/> Identification
<b>Today's Date:</b>	<b>Data Entry Completed By:</b>	<input type="checkbox"/> <b>Referred To:</b>

APPROVED

NOT APPROVED

REASON: \_\_\_\_\_