



Traditional Hamper Application Form

Application Date: _____

Referral Source: _____

NAME: _____

Referral Source Phone: _____

ADDRESS: _____

PHONE #: _____

email address: _____

HOUSEHOLD MEMBERS:

NO.	Name	Date of Birth	Age	Alberta Health Care #	Relationship to applicant
Applicant					
2					
3					
4					
5					
6					

If there are more than 6 members please attaché and additional sheet with information.

HOUSEHOLD TYPE:

- Single person
 Couple with no children
 Single parent family
 Two parent family
 Multigenerational Family
 Grandparents
 Roommates

MONTHLY INCOME:

Employment \$ _____
 Employment Insurance (EI) \$ _____
 AISH \$ _____
 Child Tax Credit \$ _____
 GST Credit \$ _____

 Pension \$ _____
 Social Assistance \$ _____
 Student Financing \$ _____
 Other \$ _____

 TOTAL: \$ _____

MONTHLY EXPENSES:

Rent \$ _____
 Gas \$ _____
 Electric \$ _____
 Water / Sewer \$ _____
 Phone, Cable, Internet (max \$150) \$ _____
 Insurance \$ _____
 Clothing (max \$100) \$ _____
 Transportation (max \$50 each) \$ _____
 Daycare \$ _____
 Other \$ _____

 TOTAL: \$ _____

Place of Employment: _____ **Phone #:** _____

Name of Landlord: _____ **Phone #:** _____

Please give a description of your situation and steps that are being taken to improve your lifestyle:

Demographic:

Has the Client ever used the Food Bank before? Yes No

How Many

___ Adult Females: ___ Adult Males: ___ Children 0-2:
 ___ Children 3-5: ___ Children 6-11: ___ Children 12-17:

Housing Type:

- Band owned: Cabin/Bush Emergency Shelter WBHADC
 Family/Friends Group Home Home they own Homeless
 Private Rental Social Housing Trap line

Is this client employed? Yes No

Income Source:

- | | | | |
|--------------------------------------------|-------------------------------|------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> PCD | <input type="checkbox"/> Child Tax Credit | |
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> GST | <input type="checkbox"/> Employed | |
| <input type="checkbox"/> Pension | <input type="checkbox"/> EI | <input type="checkbox"/> Private Disability | |
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> None | <input type="checkbox"/> Provincial Disability | <input type="checkbox"/> Student Scholarship/Bursary |

Is this Client:

- | | | | |
|------------------------------------|----------------------------------|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Refugee | <input type="checkbox"/> Permanent Residency | <input type="checkbox"/> Temporary Foreign Worker |
|------------------------------------|----------------------------------|----------------------------------------------|---------------------------------------------------|

- | | | |
|--------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Metis | <input type="checkbox"/> First Nations | <input type="checkbox"/> Inuit |
|--------------------------------|----------------------------------------|--------------------------------|

Is this Client 65+:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Attending Post-Secondary:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Housing First:

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
|------------------------------|

- | |
|-----------------------------|
| <input type="checkbox"/> No |
|-----------------------------|

Agency: _____

The Client has lived in region for: _____ Months _____ Years

The Client moved here because: _____

Reason for Usage: _____

Cultural and Health Special Dietary Needs

Allergies: _____

Cultural: _____

Other Health Issues: _____

CLIENT UNDERSTANDING FORM MUST ALSO BE COMPLETED AND ATTACHED OR APPLICATION WITH NOT BE CONSIDERED FOR SERVICES.