



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:

☐ AISH

☐ Employment Ins.

☐ Private Pension

☐ Investments

☐ Student Finance

☐ WCB

☐ Alberta Works

☐ FT Employment

☐ CPP

☐ No Income

☐ Grants

☐ Other: _____

☐ Child Support

☐ PT Employment

☐ GST

☐ Social Assistance

☐ Scholarships

☐ Child Tax Credit

☐ Seasonal Employment

☐ Housing First Subsidy

☐ Spousal Support

☐ Burrsery

Is this Client:

☐ Immigrant

☐ Refugee

☐ Permanent Residency

☐ Temporary Foreign Worker

☐ Metis

☐ First Nations

☐ Inuit

Is this Client 65+:

☐ Yes

☐ No

Attending Post-Secondary:

☐ Yes

☐ No

Housing First:

☐ Yes

☐ No

Agency: _____

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

The Client moved here because: _____

Reason for Usage:

☐ AISH Not Social Housing

☐ Basic Shelf

☐ Emergency Circumstance

☐ Fleeing Domestic Violence

☐ Health Related Costs

☐ Health Related Unemployment

☐ Homeless

☐ Housing First

☐ Laid Off

☐ Long Term No Income

☐ Loss of Employment

☐ Lost Job

☐ Loss of Government Assistance

☐ Low Income - Employed

☐ Low Income - Unemployed

☐ Maternity Leave

☐ New & Employed

☐ New & Unemployed

☐ New Employment

☐ Pension

☐ Rent Increase

☐ Seasonal Employment

☐ Seasonal Layoff

☐ Separation From Spouse

Fire Related Impact:

☐ Home Still Standing and Habitable

☐ Home Still standing not Habitable

☐ Home a total Loss

☐ Restricted Neighbourhood Green Home Phase 1 Re entry

☐ Restricted Neighbourhood Not Green Home Phase 1 Re entry

☐ Restricted Neighbourhood Abasand

☐ Restricted Neighbourhood Beacon Hill

☐ Restricted Neighbourhood Waterways

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.