

Client Understanding

Client Name:

Link2Feed Number:

Date:

I understand that the WBFB sorts all food for expiry and best before dates and will make every effort not to place expired food in my hamper. Food provided may be near its expiry date, or past its best before date, as best before dates are recommended use by dates and these items may be provided past said date.

The meat I receive has a best before date on the package. All meat is either frozen on or before the best before date to ensure it is still safe to give out.

The food I receive is donated with the intent of being given to people who require additional support. By initialing this box, you agree to accept this food for personal use only and not for resale. **If I am caught selling food or other items I have received from WBFB that I will be refused future services.**

I understand that it is my responsibility to attend my appointments and if I am unable to attend I need to call and cancel my appointment. **I further understand that if I miss my appointment that my next appointment may be booked 30 days out from the missed appointment.**

There is a zero tolerance for verbal or physical abuse.

I hereby commit that the information I have provided as proof of income and expenses is complete and accurate to the best of my ability. I understand that to verify this information I may be asked to provide financial documentation including bank statements, bills, or pay stubs. **If I do not present these documents in a timely manner once asked, I may not be eligible to receive service until this information is received.** If anything changes in my current circumstances I will notify the WBFB before booking my next appointment.

I understand that my hamper will change from month to month based on the availability of food within the stock of the food bank. If there are any issues with my hamper I will notify staff of the food bank promptly so it can be resolved.

I further hereby declare that all information provided on this application to be truthful.

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Client Name:

Link2Feed Number:

Date:

Client Signature

Witness Signature



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