Instructions: **ALL FIELDS MUST BE COMPLETED**; Please ***print clearly***.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Address: Postal Code: Telephone:** | | | | | | | |
| **Surname** | **First Name** | **Middle Name** | **M / F** | Date of Birth  **M D Yr.** | | | UNIQUE ID NUMBER (required)  **Please state type if not AHC** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |

|  |
| --- |
| ***BABY ORDER (Please complete for all children under 36 months)***  **(babies will be given formula of their choice – Good Start substituted if not available)**  **Products may not be available as requested**  **Formula** (brand name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Diapers** (weight in pounds): \_\_\_\_\_\_\_  **Baby Food**: Strained / Junior **Pablum**: YES / NO **Is Mother Nursing?** YES / NO **Pregnant** YES / NO |
|  |

**Why does client need to use the Food Bank at this time?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate client’s primary source(s) of income (for the last 30 days):***

**If the BALANCE is**

**LESS THAN the following amounts for the**

**TOTAL NUMBER**

**Of people, they qualify:**

**1 = $550 2 = $650**

**3 = $900 4 = $1000**

**5 = $1250 6 = $1300**

**7 = $1500 8 = $1700**

**INCOME:** (*from all adults in the home)* **ALLOWABLE EXPENSES**

Wage (take home): ­\_\_\_\_\_\_\_\_\_\_ Rent/Mortgage: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child Tax: \_\_\_\_\_\_\_\_\_\_ Gas & Electric: \_\_\_\_\_\_\_\_\_\_\_\_\_

AIS H/Pension: \_\_\_\_\_\_\_\_\_\_ Daycare/sitter: \_\_\_\_\_\_\_\_\_\_\_\_\_

EI / WCB: \_\_\_\_\_\_\_\_\_\_ Medical expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Loan: \_\_\_\_\_\_\_\_\_\_

Social Assistance: \_\_\_\_\_\_\_\_\_\_

TOTAL  TOTAL

INCOME\_\_\_\_\_\_\_\_\_\_\_ EXPENSES\_\_\_\_\_\_\_\_\_\_\_ = BALANCE\_\_\_\_\_\_\_\_\_

*(minus)*

**FOR FOOD BANK USE ONLY:**

Last Hamper Date \_\_\_\_\_\_\_\_\_\_\_

Hamper **# /6**