

# Client Application Form: Food Bank Hamper Delivery

If you have any questions please call the office 250.861.5465

- Name\*

First  Last

- Primary Phone\*

- Secondary Phone

- Address\*

Street Address  Address Line 2  City

?

Province  Postal Code

- Email

- Birthday\*

Month

Day

Year

- Other Individuals in Household (name, age, relationship to you) \*

NA if not applicable

- Pets (List types of pet and name)

NA if not applicable

- Sources of Income\*

- Disability
- Social Assistance
- 

- Mobility Requirements: \*

- Wheelchair
- Walker
- Cane
- Crutches
- Oxygen
- Other
- Not Applicable

- List all the agencies you receive help or support from: \*

NA if not applicable

- If referred, Referrer's name

First  Last

- If referred, Referrer's phone number

- What current situation is preventing you from being able to pick up your own food bank hamper?

Do you expect this situation to change in the next 6 months?

Do you or anyone in you household currently own a licensed vehicle?

Is there anyone in your household or community that could pick up your food bank hampers on your behalf?

**I acknowledge that in order to receive this service:**

- I must be home on Thursdays between 10am and 2pm for delivery
- I must have a working phone and be able to be contacted by call or text
- If my hamper is undeliverable 3 times in a calendar year I forfeit the utilization of this service
- I will update my address and phone number if it changes from the time of my first application
- My eligibility will be reviewed every 6 months

- **Home Delivery Instructions\***

Please include detailed home delivery instructions. (ie. Buzz Code, Go Through Carport, Call ahead and I'll meet you downstairs)

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- **Personal Information Release\***

I, (applicant print name below) approve the release of my personal information as shown above with the understanding that this information is required to participate in the Hands in Service program or receive Hands in Service assistance and will only be provided to Hands in Service staff, volunteers or relevant health care providers as part of the Hands in Service program to ensure appropriate service delivery.

 First  Last

- **Applicant Signature**

Please type your first & last name with today's date as an electronic signature.