



**Dakota Ojibway Child & Family Services, Breakfast Club of Canada &  
Brandon Friendship Centre Inc.  
Family Breakfast Kits Intake Form**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Spouses Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Message Number: \_\_\_\_\_

How many people reside in your household? \_\_\_\_ Adults \_\_\_\_ Children

\_\_\_\_\_  
First Name Last Name M/F Age

\_\_\_\_\_  
First Name Last Name M/F Age

\_\_\_\_\_  
First Name Last Name M/F Age

\_\_\_\_\_  
First Name Last Name M/F Age

\_\_\_\_\_  
First Name Last Name M/F Age

Aboriginal  Metis  Non-Status  Inuit  Non-Aboriginal

Marital Status:  Single  Married/Common Law  Divorced  Widowed

Source of income:  Employed  EIA Recipient  EI

Do you receive any of the following?

Child tax benefit  GST benefit  Canada worker benefit  Rent assist  Disability

Other: \_\_\_\_\_

Specify: \_\_\_\_\_

Additional notes:

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Please forward registration to [bfcreeptionist@mymts.net](mailto:bfcreeptionist@mymts.net) or drop off at 836 Lorne Avenue.