**Brandon Friendship Centre Inc.**

**Food Hamper Form**

Client #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

How many people reside in your household? \_\_\_\_Adults \_\_\_\_Children

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First Name Last Name M/F Age

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First Name Last Name M/F Age

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First Name Last Name M/F Age

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First Name Last Name M/F Age

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First Name Last Name M/F Age

Aboriginal Metis  Non-Status  Inuit Non-Aboriginal

Marital Status: Single Married/Common Law Divorced Widowed

Do you have any family supports, community supports or any other supports that you currently utilize? Yes No

If so what are they?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Source of income: Employed EIA Recipient EI Retired/Pension

Do you receive any of the following?

Child tax benefit GST benefit Canada worker benefit 55 Plus supplement Widows pension EIA supplement Guaranteed income supplement Rent assist CPP OAS Disability

Health Concerns: Diabetes COPD/Respiratory illness/Asthma

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

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

Food Allergies: Yes No

If so what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have mobility issues? Yes No

Additional notes

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| **Office use only**  Client #:\_\_\_\_\_\_\_\_\_\_\_\_  Hamper #:\_\_\_\_\_\_\_\_\_\_\_  BFC Member: Yes No |