



Primary proof of ID and address

Will bring in next visit

Adult proof of ID and address (all)

Will bring in next visit

Child(ren) proof of ID

Will bring in next visit

Client was given:

Emergency Hamper
 Shopping Appointment
 Walk In Appointment

L2F NFP Spreadsheet

Office Use only

PRIMARY CLIENT INFORMATION

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ # _____ Street _____ Town _____ Postal Code _____

MARITAL STATUS: _____ **GENDER IDENTITY:** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

HOUSEHOLD SIZE: # OF ADULTS _____ # OF CHILDREN _____ **FAMILY COLOUR CODE:** PURPLE RED BLUE

ARE YOU RECEIVING ASSISTANCE FROM ANY OTHER FOOD ASSISTANCE PROGRAMS? YES NO

HOUSING: RENT OWN PUBLIC HOUSING PREFER NOT TO ANSWER OTHER _____

OTHER HOUSEHOLD MEMBERS

LAST NAME	FIRST NAME	BIRTH DATE (MONTH/DAY/YEAR)	RELATIONSHIP

LANGUAGES SPOKEN IN HOUSEHOLD: _____

RACIAL IDENTITIES: _____

DISABILITY: YES NO PREFER NOT TO ANSWER

LESS THAN 10 YEARS IN CANADA? NO YES ARRIVAL MONTH / YEAR _____ / _____

POST SECONDARY STUDENT? NO YES HIGHEST LEVEL COMPLETED: _____

TYPE OF INCOME (CHECK ALL THAT APPLY)

FULL TIME EMPLOYMENT ONTARIO DISABILITY SUPPORT PROGRAM NO INCOME

PART TIME EMPLOYMENT ONTARIO WORKS CPP OLD AGE SECURITY

EMPLOYMENT INSURANCE CHILD TAX CREDIT OTHER _____

DIETARY CONSIDERATIONS: _____

NEWMARKET FOOD PANTRY- CLIENT AGREEMENT

This form is the agreement between the Newmarket Food Pantry and you, the client.

Pantry Rules

To use the pantry you must live in Newmarket or East Gwillimbury and MUST show proof of address for all adults in the household You may use: a utility bill, lease, bank statement, or other mail approved by Newmarket Food Pantry staff

You must provide identification for yourself and anyone in your home requiring food. This can be a birth certificate, driver's license, health card, passport, residency card, Indian status card, student card, or landing paper.

You can visit the Pantry ONCE per calendar month.

Clients will be asked to leave for inappropriate behaviour, such as use of profane or inappropriate language, destruction of property, or verbal or physical abuse of clients, staff, or volunteers. The Newmarket Food Pantry can refuse to serve you if you do not follow these rules.

Privacy

The personal information on this form is collected to make sure you are at the right food bank, to help us provide services, and for statistical reasons.

All personal information will be collected and stored in a safe and private manner. Information will be accessible by other food banks in York Region.

Informed Consent:

I, _____ understand and agree to the following:

1. I voluntarily seek assistance from Newmarket Food Pantry and understand that the information provided will be used for the purpose of determining eligibility and providing food assistance.
2. I understand that my participation in Newmarket Food Pantry's programs is voluntary, and I have the right to refuse or withdraw consent at any time without affecting my access to future services.
3. I understand that Newmarket Food Pantry will collect, use, and disclose my personal information in accordance with applicable privacy laws and regulations.
4. I understand that Newmarket Food Pantry may share my information with partner organizations or agencies for the purpose of providing additional support or services, but my consent will be obtained before any disclosure.
4. I acknowledge that the Newmarket Food Pantry is an emergency service for residents in need of temporary assistance and that many of the goods are donated.
5. I also agree to the Pantry rules and consent to the collection, use, and storage of my information as outlined above.

In signing below, I agree to release the Newmarket Food Pantry, and its staff, volunteers, officers, and directors from all responsibility pertaining to ANY issues related to the food or other products received. I realize it is my responsibility to check all food/products, including best-before dates and expiration dates, before use.

Signature: _____

Date: _____

Please review the information provided above and sign to indicate your consent to participate in Newmarket Food Pantry programs.