

Intake Form –

Date today:		Name of Food Bank that you are visiting today:		Is this your first visit? Yes / No	
Last Name:			First Name:		Date of Birth: (dd-mm-yyyy)
Address:				Email:	
Postal Code:				Phone:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other/ undisclosed		Housing Type? <input type="checkbox"/> No fixed address? <input type="checkbox"/> Band Owned <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> On the street <input type="checkbox"/> On Campus <input type="checkbox"/> Own home <input type="checkbox"/> Private Rental <input type="checkbox"/> Social Housing <input type="checkbox"/> With Family/ Friends <input type="checkbox"/> Youth Home <input type="checkbox"/> Undisclosed <input type="checkbox"/> Other Specify:		Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Aboriginal <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Cantonese <input type="checkbox"/> Creole <input type="checkbox"/> Farsi <input type="checkbox"/> French <input type="checkbox"/> Hausa <input type="checkbox"/> Hindi/Urdu <input type="checkbox"/> Hungarian <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Pashto <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Tagalog <input type="checkbox"/> Tamil <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other (please specify):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Undisclosed					
Referred by: <input type="checkbox"/> 211 <input type="checkbox"/> Daily Bread Food Bank <input type="checkbox"/> Internet <input type="checkbox"/> North York Harvest Food Bank <input type="checkbox"/> Ontario Works (OW) <input type="checkbox"/> Other Food Bank Agency <input type="checkbox"/> Other Social Service <input type="checkbox"/> Programs within Agency <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other Specify:		Ethnicity: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Other <input type="checkbox"/> Undisclosed		Are you at studying at college or university? Y / N	
		Do you self-identify as? <input type="checkbox"/> Disabled Living in Canada for ten years or less Years _____ Months _____ <input type="checkbox"/> None of the above <input type="checkbox"/> Undisclosed		Dietary Considerations: <input type="checkbox"/> Diabetic <input type="checkbox"/> Gluten Allergy <input type="checkbox"/> No Pork <input type="checkbox"/> Tree Nuts Allergy <input type="checkbox"/> Vegetarian <input type="checkbox"/> Has pets <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: <input type="checkbox"/> Other Specify:	

For Other Household Members Please Turn Page Over!