

EMERGENCY FOOD HAMPER INTAKE

First Name: _____ Last Name _____

Address: _____

City: _____, British Columbia Postal Code: _____

Phone Number: (____) _____ Email: _____

Number of People in Household: _____

Are you currently receiving any form of government assistance, ie: Food Bank, Social Security, EI, Pension, etc? Yes: _____ No: _____

Proof of address: _____ Picture ID: _____

(TO BE SHOWN AT THE TIME OF FOOD PICK UP)

Client Signature: _____ Date: _____

NOTICE TO RECIPIENTS OF THE EMERGENCY FOOD HAMPER PROGRAM

If you receive food from this emergency pantry, please note the following:

This emergency food hamper program **DOES NOT**:

- Charge a fee or accept monetary donations for food and non-food items you receive.
- Refuse assistance to you based on race, color, age, religion, national origin, disability, gender, sexual orientation or political affiliation.

This emergency food hamper program **must implement guidelines and clearly post them where clients can see them stating any limitations that would affect service**, stating the following:

- Food hampers days and hours of operation.
- How often your household may visit this pantry.
- Form of identification, if any, necessary to receive food.
- Any service area restrictions (Example: serves only specific postal code or community boundary).
- Refuse service to individuals posing a health hazard, been verbally or physically abusive or have threatened harm to volunteers, staff or other program recipients.

