

# Link2Feed – Food Bank Intake Form

## Basic information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Birthdate (yyyy-mm-dd): \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City, province & postal code: \_\_\_\_\_

## Marital Status

- Single
- Divorced
- Undisclosed
- Married
- Separated
- Common-law
- Widowed

## Housing type (please choose one)

- Emergency Shelter
- Private rental
- On the street
- Social housing
- Own home
- With family/friends
- Youth home
- Other (specify) \_\_\_\_\_

## Referred by (please choose one)

- 211
- Client/family/friend
- Employment Insurance (EI)
- Media/news/outreach
- Other (specify) \_\_\_\_\_
- ODSP
- Ontario Works (OW)
- Programs within agency
- Unions
- WSIB
- Other food bank Agency

## Which of the following applies to you (please choose all that apply)

- Visible minority
- Metis
- First Nations
- Inuit
- Aboriginal
- Not applicable
- Person with disability
- In Canada ten years or less YYYY/MM
- Other (specify) \_\_\_\_\_
- Not applicable
- Undisclosed

## Are you currently a post-secondary student?

- Yes
- No

## Completed education level (please choose one)

- Grade 0-8
- OAC/Grade 13
- Professional accreditation
- Master's degree
- Grade 9-11
- Post-secondary (some)
- College diploma
- PhD
- Grade 12
- Trade certificate
- University degree
- Undisclosed

Country of education (please specify) \_\_\_\_\_

**Dietary considerations (please choose all that apply)**

- Diabetic
- Low Sodium Diet
- Tree Nut Allergy
- Halal
- Sesame Allergy
- Lactose intolerant
- Sulphite sensitivity
- Gluten Allergy
- Seafood Allergy
- Wheat Allergy
- Soy Allergy
- Fruit Allergy
- Peanut Allergy
- Vegetarian
- Other: specify \_\_\_\_\_
- Egg Allergy
- Milk Allergy
- Vegan
- Kosher

**Monthly income – Primary Source of income (please choose one)**

- Employment insurance (EI)
- Child tax benefit
- Ontario Works
- Spouse/Family support
- Employment (FT)
- Canadian Pension Plan (CPP)
- Private disability
- Student Loans
- Employment (PT)
- No income
- Private Pension
- WSIB
- child support
- ODSP
- Scholarships
- Other: \_\_\_\_\_

**Additional household members living at same address**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Birthdate (yyyy-mm-dd): \_\_\_\_\_ Gender: \_\_\_\_\_  
Relationship (e.g. spouse, child, parent, friend): \_\_\_\_\_  
**Would you identify as any of the following?**

- Visible minority
- In Canada ten year or less YYYY/MM
- First Nations
- Person with a disability
- Aboriginal
- Undisclosed
- Metis
- NA
- Inuit

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Birthdate (yyyy-mm-dd): \_\_\_\_\_ Gender: \_\_\_\_\_  
Relationship (e.g. spouse, child, parent, friend): \_\_\_\_\_  
**Would you identify as any of the following?**

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Birthdate (yyyy-mm-dd): \_\_\_\_\_ Gender: \_\_\_\_\_  
Relationship (e.g. spouse, child, parent, friend): \_\_\_\_\_  
**Would you identify as any of the following?**

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Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Birthdate (yyyy-mm-dd): \_\_\_\_\_ Gender: \_\_\_\_\_  
Relationship (e.g. spouse, child, parent, friend): \_\_\_\_\_  
**Would you identify as any of the following?**

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- First Nations
- Person with a disability
- Aboriginal
- Undisclosed
- Metis
- NA
- Inuit