The client intake form is a registration tool required of the CUSA Food Centre (as a member agency of the Ottawa Food Bank) in cooperation with Link2Feed, the provincially standardized food bank documentation software. The system is currently being used by over 3,800 organizations to assist in streamlining daily visitation records and providing monthly reporting metrics. It enables us to securely collect data to understand the needs of our clients and in turn increase awareness of food insecurity and eliminate poverty and hunger in our community. With that being said, there are sections of the intake form that ask identifying questions and you are welcome to skip any questions that you wish.
Link2Feed – Food Bank Intake Form

Basic information

Last name: _________________________________  First name: ______________________________
Birthdate (yyyy-mm-dd): _________________________________  Gender: ________________________
Address: _____________________________________________________________________________
City, province & postal code: _____________________________________________________________

Marital Status

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

Housing type (please choose one)

- Emergency Shelter
- On the street
- Own home
- With family/friends
- Youth home
- Own home
- Social housing
- Other (specify) ____________________________

Referred by (please choose one)

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

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

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

Are you currently a post-secondary student?

- Yes
- No

Completed education level (please choose one)

- Grade 0-8
- Grade 9-11
- Grade 12
- OAC/Grade 13
- Post-secondary (some)
- Trade certificate
- Professional accreditation
- College diploma
- University degree
- Master’s degree
- PhD
- 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
- Egg Allergy
- Milk Allergy
- Vegan
- Kosher
- Low Sodium Diet
- Sulphite sensitivity
- Tree Nut Allergy
- Milk Allergy
- Egg Allergy
- Soy Allergy
- Vegan
- Gluten Allergy
- Peanut Allergy

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

- Employment insurance (EI)
- Employment (FT)
- Employment (PT)
- Child tax benefit
- Canadian Pension Plan (CPP)
- No income
- Ontario Works
- Private disability
- Private Pension
- Child support
- Student Loans
- WSIB
- No income
- ODSP
- Scholorships
- 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
- First Nations
- In Canada ten year or less YYYY/MM
- Person with a disability
- Aboriginal
- Metis
- Inuit
- Undisclosed
- NA

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

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