



**Community helping community**

# \_\_\_\_\_  
 FTE \_\_\_\_\_

**\*\* CONFIDENTIAL \*\***  
**EDSON FOOD BANK HAMPER APPLICATION FORM**

\* Last Name: \_\_\_\_\_ \* First Name: \_\_\_\_\_  
 \* Date of Birth: \_\_\_\_\_ (dd) \_\_\_\_\_ (mm) \_\_\_\_\_ (yyyy) Estimated?  Y  N

\* Gender:  
 Male  Female  Transgender  Undisclosed  Other

Consent (Section to be filled by EFB Staff)  
 \_\_\_\_\_ Typed \_\_\_\_\_ Sign on Screen \_\_\_\_\_ Hard Copy \_\_\_\_\_ Scriptel

\* Marital status:  
 Single  Common-Law  Separated  Undisclosed  
 Married  Divorced  Widowed

\* Address: \_\_\_\_\_ \* Address (Line 2): \_\_\_\_\_  
 \* City \_\_\_\_\_ \* Province: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_  
 No Fixed Address/Undisclosed

Band Owned  Own Home  Undisclosed  
 Emergency Shelter  Private Rental  With Family/Friends  
 On The Street  Rooming House  Social Rental Housing  Group Home/Youth Shelter  
 Other

Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 ID Type (Completed by EFB Staff): \_\_\_\_\_

\* Ethnicity (Select all that apply)  
 First Nations/Metis  Filipino  White  Other  Undisclosed

\* Self-Identifies As: (Select all that apply)  
 Person with Disability  Other  Undisclosed  
 In Canada 10 Years or Less  None

\* Are you currently a post-secondary student?  Y  N

\* Highest Education Level Completed (Select One)

<input type="checkbox"/> Grades 0-8	<input type="checkbox"/> Post-Secondary (Some)	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Trade School / Professional Accreditation	<input type="checkbox"/> PhD
<input type="checkbox"/> Grades 12	<input type="checkbox"/> College Diploma	<input type="checkbox"/> Undisclosed
<input type="checkbox"/> OAC	<input type="checkbox"/> University Degree	

Country of Education:

Monthly Income

\* Primary Source of Income (Main Client): (Select all that apply)

- Canada Child Benefits
- CPP
- Disability Related Benefits
- Employment Insurance Income
- No Income
- Part-Time Employment
- Social Assistance
- Student Loan
- Undisclosed
- Other Specify:

\* Additional Income (Select all that may apply)

<input type="checkbox"/> Canada Child Benefits	<input type="checkbox"/> CPP
<input type="checkbox"/> Disability Related Benefits	<input type="checkbox"/> Employment Insurance Income
<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Social Assistance
<input type="checkbox"/> Student Loan	<input type="checkbox"/> Other (Specify) <input style="width: 250px;" type="text"/>

Dietary Considerations (Select all the apply)

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Sulphate Allergy
<input type="checkbox"/> Egg Allergy Fruit	<input type="checkbox"/> Pork Allergy	<input type="checkbox"/> Sulfite Allergy
<input type="checkbox"/> Allergy Gluten	<input type="checkbox"/> Poultry Allergy	<input type="checkbox"/> Tree Nuts Allergy
<input type="checkbox"/> Allergy Milk Allergy	<input type="checkbox"/> Seafood Allergy	<input type="checkbox"/> Vegan
<input type="checkbox"/> MSG Allergy	<input type="checkbox"/> Sesame Allergy	<input type="checkbox"/> Vegetarian
<input type="checkbox"/>	<input type="checkbox"/> Soy Allergy	<input type="checkbox"/> Wheat Allergy
	<input type="checkbox"/> Other (Specify) <input style="width: 350px;" type="text"/>	

<p>Live In:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Edson</li> <li><input type="checkbox"/> Yellowhead County</li> </ul>	<p>How Long in Edson</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 month</li> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1-5 years</li> <li><input type="checkbox"/> Over 5 years</li> </ul>	<p>How you get to Food Bank</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Own Vehicle</li> <li><input type="checkbox"/> Rely on Friends</li> <li><input type="checkbox"/> Walking</li> <li><input type="checkbox"/> Biking</li> <li><input type="checkbox"/> Public Transit</li> <li><input type="checkbox"/> Other</li> </ul>
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First Name:  Last Name:

\* Last Name: [REDACTED] \* First Name: [REDACTED]

\* Date of Birth: [REDACTED] (dd) [REDACTED] (mm) [REDACTED] (yyyy) Estimated?  Y  N

\* Gender:  
 Male  Female  Transgender  Undisclosed  Other

\* Relationship:  
 Spouse  Child  Parent  Sibling  Grandchild  Grandparent  
 Other Relative  Boyfriend/Girlfriend  Friend  Roommate  
 Other  Undisclosed

\* Ethnicity:  
 First Nations/Metis/Filipino  White  Other  Undisclosed

\* Self-Identifies As:  
 In Canada 10 Years or Less  Other  None  
 Person with Disabilities  Undisclosed

\* Last Name: [REDACTED] \* First Name: [REDACTED]

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\* Ethnicity:  
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\* Self-Identifies As:  
 In Canada 10 Years or Less  Other  None  
 Person with Disabilities  Undisclosed

\* Last Name: [REDACTED] \* First Name: [REDACTED]

\* Date of Birth: [REDACTED] (dd) [REDACTED] (mm) [REDACTED] (yyyy) Estimated?  Y  N

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\* Self-Identifies As:  
 In Canada 10 Years or Less  Other  None  
 Person with Disabilities  Undisclosed

First Name: [REDACTED] Last Name: [REDACTED]



**EDSON FOOD BANK SOCIETY**  
4511 - 5th Avenue, Edson, AB T7E 1B9, Phone: 780-723-1350  
Appointments Phone: 780-725-3185

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**EDSON FOOD BANK HAMPER APPLICATION FORM**

Food Banks Canada is the only national charitable organization dedicated to helping Canadians living with Hunger. We have a network of affiliated food banks and partner across Canada, which includes Provincial Associations and more than 650 food banks.

Food Banks Canada is committed to protecting the privacy and the personal information of its network, donors, employees, beneficiaries, and other stakeholders. Food Banks Canada values the trust of those we deal with, and of the personal information that you may choose to share with us.

Your local food bank collects and uses your personal information to manage programs, assess your eligibility for support, understand the needs of those they serve and improve services. This personal information may be shared with other agencies including Food Banks Canada and Link2Feed to provide more complete support, conduct research, eliminate duplication of efforts, or fulfil commitments to those who fund programs. Both Food Banks Canada and your local food bank obey strict standards of confidentiality when collecting, using and sharing or disclosing your personal information. If you have any questions or concerns about the privacy of your personal information, please contact your local food bank and/or Food Banks Canada.

Please know that:

- You have the right to receive a copy of the information about you that is stored in your local food bank's Client Management System and/or Food Banks Canada's Link2Feed Client Intake Software.
- You have the right to correct mistakes in information about you.
- Your information may be transferred to servers in other Provinces and outside of Canada.

Our resources and ability to serve your community depend in part of the information provided by our clients.

I have read and understood the information on above and by signing this document I agree that my local food bank may collect, use and disclose my personal information for the purposes mentioned above. I also agree that my personal information will be entered into the Food Banks Canada's Link2Feed Client Intake Software and may be entered into my local food bank's CMS.

In applying for assistance from my local food bank on behalf of my household, and sharing information about my family members, I confirm that I am sharing this information with the knowledge and permission of all household members age 18.

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Client name (print)

Signature

Date

If you have questions, concerns or a complaint about how a staff member, intern or volunteer is handling your personal information, and you cannot resolve your questions or concerns with the person directly, please write to or email your local food bank at [edsonfoodbanksociety@gmail.com](mailto:edsonfoodbanksociety@gmail.com).

ID

Household Size:

FTE