

Food bank registration is filled out on your first visit only.

Food bank at 3171 Eglinton Ave East

Date: _____

416-792-6702 Ext. 11

Name _____

Address _____

City _____ Postal Code _____

Number of individuals Adults _____ Children _____

Phone # _____ E-mail _____

Income source:

☐ OW ☐ ODSP ☐ EI ☐ EMPLOYED ☐ STUDENT ☐ RETIRED ☐ NONE

Family members:

Name	Relationship	Gender	DOB (YYYY/MM/DD)
	Self	M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

Food allergies, if any:

Food restrictions, if any:

Marital status

☐ Single ☐ Married ☐ Divorced ☐ Common law ☐ Widowed

Housing type ☐ Subsidized ☐ Owned ☐ Private

How did you hear about us? _____

Ethnicity ☐ White ☐ Black ☐ South Asian ☐ Southeast Asia
☐ West Asian ☐ Chinese ☐ Arab ☐ Indigenous
☐ Latin American ☐ Filipino ☐ Other

Spoken language _____ Education _____

Is anyone in your family disabled? ☐ Yes ☐ No

If yes, who: _____

In Canada less than 10 years? ☐ Yes ☐ No

If 'Yes' date of entry Year _____ Month _____