WINDSOR ESSEX FOOD BANK ASSOCIATION INTAKE SHEET

*Last Name:					*First Na					
*Address:				o fixed address	*City:					
Phone #: ()		alternate: ()		*Postal C	Code				
*Birthdate- YYYY-MM-D	D:				*Gender:	Male	Female	🗆 Und	lisclosed	
Source of Referral:										
Client/Family/Friend		Union				🛛 Other V	VEFBA Meml	oer Food E	Bank	
🗆 E.I.		211				D WEFBA	Website			
Ontario Works Mec] Media/News/Outreach			□ C.A.S.				
□ O.D.S.P.		Programs within agency			OTHER:					
□ w.s.i.b.										
Marital Status:										
Common Law 🛛 Married			□ Single □ Widowed							
	Separated		Ου	ndisclosed			2			
Partner (Live-in)										
Last Name:		First Name:				Birthdate: Y	YYY-MM-DD			
NAME of Dependants Living in the Home				C	Dependant's Birthdate: YYYY-MM-DD					
*Client Source of Income:										
O.D.S.P. \$ Employed Part				Time \$		Univers	al Child Bene	efit \$		
Ontario Works \$ D Spouse/Fa				\$		🗆 C.P.P \$		_		
□ E.I. \$ □ Pe			Pensions \$			🗆 O.A.S. \$				
🗆 W.S.I.B. \$	□ O.S.A.P. \$			🗌 OTHER: <u>\$</u> , \$						
Employed Full Time \$		🗌 Child Tax B	Benet	fit \$		🗌 No Inco	ome			
<u>*TOTAL CLIENT MONTHLY INCOME:</u> \$ *Live-In Source of Income:										
□ O.D.S.P. \$	Employed F	Employed Part Time \$			Universal Child Benefit \$					
🗌 Ontario Works 💲	□ Spouse/Family \$									
□ E.I. \$	Pensions \$			🗆 O.A.S. \$						
□ W.S.I.B. \$ □ O.S.A.P. \$										
Employed Full Time \$ Child Tax Benefit \$				fit \$	🛛 No Income					
*TOTAL LIVE-IN MONTHLY INCOME: \$ Additional Monthly Income: \$										
*Monthly Household Expenses:										
Rent/Mortgage (include property taxes if mortgage) \$ Total Utilities \$ Other \$										
Transportation Expenses (bus pass, vehicle payment/vehicle insurance): \$										
* Housing Status:										
						🗌 On the Str	eet			
Private Rental	ate Rental 🛛 Band-owned 🖓 Youth home/shelter 🖓 With family of friends							ds		