



**Agassiz
Harrison**
COMMUNITY
SERVICES

Agassiz-Harrison Community Services Society
Po Box 564, 7086 Cheam Avenue
604-796-2585
info@agassizcs.ca

Food Bank

Applicant Information

Full Name: _____ **Birthdate:** _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Phone: _____ **Email:** _____

Languages: _____

Marital Status (Please Circle) •Single •Married •Common-Law •Divorced •Separated •Widowed •Undisclosed

Housing Type (Please Circle) •Band Owned •Own Home •With Friends/Family •Emergency Shelter •Private Rental
 •Youth Home •Social Housing •No Fixed Address •Undisclosed

Referred By (Please Circle) •Client/Family/Friend •Employment Insurance (EI) •Media/News/Outreach •Unions
 •Other Food Bank Agency •Programs within AHCS •WorkBC •Self Referral

Ethnicity (Please Print) _____ •Undisclosed

Highest Education (Please Circle) Grade 0-8 Grade 9-11 Grade 12 OAC Post-Secondary Trade
 Certificate College Diploma University Degree

Household Members

Full Name: _____ **Birthdate:** _____
Last First

Ethnicity (Please Print) _____ •Undisclosed

Relationship (Please Circle) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Full Name: _____ **Birthdate:** _____
Last First

Ethnicity (Please Print) _____ •Undisclosed

Relationship (Please Circle) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Full Name: _____ **Birthdate:** _____
Last First

Ethnicity (Please Print) _____ •Undisclosed

Relationship (Please Circle) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Full Name: _____ **Birthdate:** _____

Ethnicity (*Please Print*) _____ *Last* *First* •Undisclosed

Relationship (*Please Circle*) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Full Name: _____ **Birthdate:** _____

Last *First*

Relationship (*Please Circle*) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Full Name: _____ **Birthdate:** _____

Last *First*

Relationship (*Please Circle*) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Full Name: _____ **Birthdate:** _____

Last *First*

Relationship (*Please Circle*) •Spouse •Child •Grandchild •Other: _____ **Gender:** _____

Food Allergies & Dietary Considerations

Please indicate any food allergies or other dietary considerations in your household:

Monthly Income

Please indicate approximate monthly income and income source for each member of your household:

Name	Income Source	Monthly Income

Monthly Expenses

Approximately how much does your household pay towards rent each month: \$ _____

Approximately how much does your household pay towards utilities each month: \$ _____

