



Southeast Helping Hands Food Hamper Registration Form

THIS FORM AND ALL FIELDS ARE MANDATORY AND IS DUE BY { _____ }

DISREGARDING THIS FORM WILL MAKE YOU INELIGIBLE TO PICKUP FOOD HAMPERS

YOU MAY DROP OFF THIS FORM ON FOOD BANK DAY OR IN THE DROP SLOT AT FRONT

Full Name:	(Main Person who will do most food hamper pickups)		Today's Date (MM/DD/YYYY):	
Address:	Street Address:		City:	
	Postal Code:		Apartment #:	
Phone:	Home:		Email:	
	Cell:			
Date of Birth:	Month/Day/Year:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Housing Status:	<input type="checkbox"/> Rental <input type="checkbox"/> Own Home <input type="checkbox"/> On the Street <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Other: _____			
Allergies				
Are you receiving help from	<input type="checkbox"/> Life Journey <input type="checkbox"/> Envision <input type="checkbox"/> El Dad			
Which of the following is the source of your Income:	<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Employed FT/PT	\$ _____
	<input type="checkbox"/> Spouse Support	\$ _____	<input type="checkbox"/> Self Employed	\$ _____
	<input type="checkbox"/> Child Tax	\$ _____	<input type="checkbox"/> Maternity Leave	\$ _____
	<input type="checkbox"/> Universal Child	\$ _____	<input type="checkbox"/> Disability	\$ _____
	<input type="checkbox"/> CPP	\$ _____	<input type="checkbox"/> Social Assistance	\$ _____
	<input type="checkbox"/> EI	\$ _____	<input type="checkbox"/> _____	\$ _____
	<input type="checkbox"/> Pensions	\$ _____	<input type="checkbox"/> _____	\$ _____



HOUSEHOLD MEMBER INFORMATION

Please provide additional family information below. Attach extra sheet if required.

All names below must be in the same household. # of Adults: _____ # of Children: _____

HOUSEHOLD MEMBER INFORMATION				
Please provide additional family information below. Attach extra sheet if required.				
All names below must be in the same household. # of Adults: _____ # of Children: _____				
Full Name:	Relationship to you:	Date of Birth:	Income if adult:	
#1	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative <input type="checkbox"/> Authorized for pickup	___ / ___ / ___ MM / DD / YYYY Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child Support _____ <input type="checkbox"/> Spouse Support _____ <input type="checkbox"/> Child Tax _____ <input type="checkbox"/> Universal Child _____ <input type="checkbox"/> CPP _____ <input type="checkbox"/> _____ EI <input type="checkbox"/> Pensions _____	<input type="checkbox"/> Employed FT/PT _____ <input type="checkbox"/> Self Employed _____ <input type="checkbox"/> Maternity Leave _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Social Assist. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
#2	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative <input type="checkbox"/> Authorized for pickup	___ / ___ / ___ MM / DD / YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child Support _____ <input type="checkbox"/> Spouse Support _____ <input type="checkbox"/> Child Tax _____ <input type="checkbox"/> Universal Child _____ <input type="checkbox"/> CPP _____ <input type="checkbox"/> _____ EI <input type="checkbox"/> Pensions _____	<input type="checkbox"/> Employed FT/PT _____ <input type="checkbox"/> Self Employed _____ <input type="checkbox"/> Maternity Leave _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Social Assist. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
#3	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative <input type="checkbox"/> Authorized for pickup	___ / ___ / ___ MM / DD / YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child Support _____ <input type="checkbox"/> Spouse Support _____ <input type="checkbox"/> Child Tax _____ <input type="checkbox"/> Universal Child _____ <input type="checkbox"/> CPP _____ <input type="checkbox"/> _____ EI <input type="checkbox"/> Pensions _____	<input type="checkbox"/> Employed FT/PT _____ <input type="checkbox"/> Self Employed _____ <input type="checkbox"/> Maternity Leave _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Social Assist. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
#4	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative <input type="checkbox"/> Authorized for pickup	___ / ___ / ___ MM / DD / YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child Support _____ <input type="checkbox"/> Spouse Support _____ <input type="checkbox"/> Child Tax _____ <input type="checkbox"/> Universal Child _____ <input type="checkbox"/> CPP _____ <input type="checkbox"/> _____ EI <input type="checkbox"/> Pensions _____	<input type="checkbox"/> Employed FT/PT _____ <input type="checkbox"/> Self Employed _____ <input type="checkbox"/> Maternity Leave _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Social Assist. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
#5	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative <input type="checkbox"/> Authorized for pickup	___ / ___ / ___ MM / DD / YYYY <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child Support _____ <input type="checkbox"/> Spouse Support _____ <input type="checkbox"/> Child Tax _____ <input type="checkbox"/> Universal Child _____ <input type="checkbox"/> CPP _____ <input type="checkbox"/> _____ EI <input type="checkbox"/> Pensions _____	<input type="checkbox"/> Employed FT/PT _____ <input type="checkbox"/> Self Employed _____ <input type="checkbox"/> Maternity Leave _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Social Assist. _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____



How did you find out about Southeast Helping Hands? i.e Community Outreach, Agape House, Southern Health, Steinbach Family Resource Center etc.:

Why do you need assistance from Southeast Helping Hands? (Mandatory):

Documents Required:
(If you don't have a Health Card we will accept drivers license , passport or another form of ID)

Please provide us with Last Year's income tax statement. As well as your Manitoba Health Card.

The undersigned client certifies that the information/answers provided are complete and true. You further agree to:

- You understand that Southeast Helping Hands is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- There is no guarantee to the amount or type of food or produce given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, littering, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at Southeast Helping Hands.
- By completing this form, the client agrees to accept help and support from Southeast Helping Hands on these terms and completely and unconditionally indemnify Southeast Helping Hands in all respects from any liability.

Applicant's Signature: _____ Date: _____

ANY QUESTIONS, PLEASE CONTACT Kim or Ken AT 204-326-2599 BETWEEN Monday AND THURSDAYS.