



How to get access to FOODBANK?

fooddepot.ca is a charitable organization providing access to groceries to those in need. You can apply by sending an email to info@fooddepot.ca with the subject "Ukraine 2022", you will need to fill out the form below. It is best to apply one family unit per email - for instance if you came with a parent and are a parent yourself, fill out separate forms for your parents and for your own family.

You will need your SIN numbers to apply.

Як отримати доступ до фудбанку?

Fooddepot.ca це благодійна організація, яка надає доступ до продуктів харчування людям, які їх потребують. Ви можете познатися на цю програму надіславши листа на info@fooddepot.ca з темою "Ukraine 2022", вам потрібно заповнити форму , найкраще заповнювати форму на одну родину, тобто якщо ви приїхали з батьками та дітьми, краще заповнити окремо на своїх батьків та на свою родину з дітьми. Якщо у вас є питання щодо їхнього сервісу, ви можете написати на той самий імейл.

Вам знадобиться ідентифікаційний номер SIN

Адреса відділення:

Food Depot Alimentaire/ Peter McKee Community Food Center

Peter McKee Community Food Center

475 St. George Street, Moncton

www.fooddepotalimentaire.ca

PETER MCKEE COMMUNITY CENTRE REVIEW FORM

Date: _____

First Name: _____ Last Name

_____ Date of Birth:

_____ Gender: _____

Medicare number _____

Marital Status:

Single _____ Married _____ Common Law _____ Divorced _____ Separated _____

Widowed _____ **Do you identify as any of the following?**

Person with a disability _____ In Canada for less than 10 years _____ if yes, when did you arrive _____ **Highest Level of Education**

Grade 0-8 _____ Grade 8-11 _____ Grade 12 _____ Trade School _____ College _____ University _____

Address

Street _____ City _____ Postal Code

_____ Apartment/unit number _____

Phone Number (____) _____ Email address

_____ **Housing Type:**

Band owned _____ Own Home _____ Private Rental _____ Rooming House _____ NB Housing _____ Shelter _____ Family/friends _____ No fixed address _____

Post secondary/international student Yes _____ No _____

Full Name	Relationship	Gender	Birth Date	Medicare Number

Financial Information

Monthly Income Monthly Expenses

Canada Old Age Pension	\$	Rent	\$
CPP	\$	Cell Phone	\$
Disability Benefit	\$	Cable/Internet	\$
Employment Insurance	\$	Mortgage	\$
Full Time Employment	\$	Heat	\$
Part Time Employment	\$	Utilities	\$
Private Pension	\$	Insurance	\$
Social Assistance	\$	Loans	\$
Child Tax Benefit	\$	Vehicle	\$
Student Loan	\$	Fuel	\$
Rental Income	\$	Transportation	\$
Newcomer	\$	School Expenses	\$

Other	\$	Utilities	\$
Other	\$	Water (if applicable)	\$
NOTES:		Property Tax (if applicable)	\$
		Personal (hygiene, laundry, smoking, etc.)	\$
		Medical Expenses (receipts required)	\$

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 us.

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

I have read and understood the information 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.

Signature: _____ Date: _____