



Food Program Application

How did you learn about us?			
First Name	Last Name	Gender	
Address (Street number & name)	City	Province	Postal Code
Phone <input type="checkbox"/> leave voice message?	Alt Phone <input type="checkbox"/> leave voice message?	Birth Date (dd-mm-yyyy)	
Email Address contact?	<input type="checkbox"/> prefers email	Campus (North or Lakeshore)	
Student ID	Program Name & Semester		
Application Received by (CSR Name)	Today's Date (dd-mm-yyyy)		

Household size (including initial contact)		
_____ infants (0-2 years)	_____ children (2-12 years)	_____ youth (13-18 years)
_____ adults (19-65 years)	_____ seniors (65+ years)	_____ pets

Household details:		
First Name	Last Name	Gender
Relation		Birth Date (dd-mm-yyyy)
First Name	Last Name	Gender
Relation		Birth Date (dd-mm-yyyy)
First Name	Last Name	Gender
Relation		Birth Date (dd-mm-yyyy)
First Name	Last Name	Gender
Relation		Birth Date (dd-mm-yyyy)
First Name	Last Name	Gender
Relation		Birth Date (dd-mm-yyyy)
Pets	Confirmed <input type="checkbox"/> ID <input type="checkbox"/> Address	

CONFIDENTIAL

Budget for the study period from _____ to _____			
Tuition	\$	Savings at beginning of year	\$
Books/Supplies	\$	Part-time earnings during school year	\$
Rent	\$	OSAP Loans (Total for Year)	\$
Utilities	\$	Scholarships	\$
Telephone	\$	Bursaries	\$
Food	\$	Government income (specify C.P.P/Child Tax/E.I/Voc Rehab)	\$
Personal/Household	\$	Monetary Gifts	\$
Transportation	\$	Other (specify)	\$
Medical (uninsured)	\$		
Childcare Costs	\$		
Miscellaneous	\$		
TOTAL EXPENSES	\$	TOTAL FINANCIAL RESOURCES	\$
FINANCIAL NEED	\$		

[FINANCIAL NEED = TOTAL EXPENSES – TOTAL FINANCIAL RESOURCES]
MUST BE ABLE TO PROVIDE A BILL WITH THE ABOVE STATED ADDRESS: UTILITY BILL (HYDRO, PHONE, SCHOOL LETTER, ETC. PLEASE ATTACH TO THIS APPLICATION)

NUTRITIONAL REQUIREMENTS		
Dietary requirements (please specify):		

1. Do you have any food allergies?	Yes	No
2. If yes please specify:		

3. Do your dependents have food allergies?	Yes	No
4: If yes, please specify:		

DECLARATION BY STUDENT:	
<p>I certify that all the information is correct and true to the best of my knowledge. Any information given in this form will be used to evaluate my need as a student requiring the services of the HSF Food Program and will only be used for this purpose. All information will remain confidential and will not be shared with any other party.</p>	
Signature: _____	Date: _____

FOR OFFICE USE ONLY:	
Date of interview:	Interviewer:
Accepted <input type="checkbox"/> Declined <input type="checkbox"/>	Client No. <input type="checkbox"/>
Special Notes:	
