



The Pas Friendship Centre Inc.

COVID-19 Food Bank Assistance Application

Date: _____, 2020

Client Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Indigenous Status: Metis Status Non-Status Inuit Other

Marital Status: Single Married / Common Law Divorced Widowed

Family Info:

Total number of people in the household? _____

Adult Males: _____ Adult Females: _____ Children (17 & under): _____ Elders (65+): _____

Source of Income:

Employed Not Employed Student EIA Recipient Retired/Pension

Disability

If employed, what were your regular hours? _____

How many are you working now due to COVID-19? _____

Do you receive any of the following?

Child Tax Benefit GST Benefit Canada Worker Benefit 55+ Supplement

EIA Supplement Guaranteed Income Supplement Rent Assistance

Health Concerns:

Allergies Diabetes COPD / Respiratory Illness / Asthma

Other/Specify: _____

Do you have mobility issues? Yes No

Do you rent? Yes No

Do you own your home? Yes No