



The Pas Friendship Centre Inc.

COVID-19 Food Bank Assistance Application

Date: _____, 2020

Client Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____ Station Main OCN (if a box no. circle one)

Postal Code: _____ Email Address: _____

Phone Number: _____ (no texting available)

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): _____

Female Elders (55+): _____ Male Elders (55+): _____

Please list and identify the following for every individual living within your household that you are financially responsible for.

| Name | Birth Date | Age | Gender |
|------|------------|-----|--------|
| | | | |
| | | | |
| | | | |

Source of Income:

Employed Not Employed Student EIA Recipient Retired/Pension
 Disability Child Support

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

Please include a photograph or colour scan of your up to date entire medical card to complete your application.