

Food Bank Registration Form

Instructions: You must show a valid George Brown Student Card and a proof of enrolment in the current semester upon submitting this form. A timetable with the student's name printed is acceptable proof.
Personal information provided on this form is kept confidential. Only statistical type of information will be reported.

Part A : General Information

First Name: _____ Student Card ID No: _____
Last Name: _____ Gender: _____
Phone No.: _____ Marital Status: _____
Email: _____ Age Group: 18-24 / 25-35 / 36-45 / 46-55 / 56-65 / 65+

Part B : Additional Household Members

If you wish to add another adult and/or child whom you are living with and financially supporting, you may include them on this form and provide supporting documentation:

✓ For each child: 1. proof of identification	✓ For the other adult household member: 1. Proof of identification 2. Proof of address with name	✓ For the Student: 1. Proof of address with name
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i) Number of children: _____ Ages : _____

ii) Age of second adult household member: 18-24 / 25-35 / 36-45 / 46-55 / 56-65 / 65+

List any general dietary restrictions (i.e. vegan, vegetarian): _____

Part C : Financial Overview Information. To qualify, students must generally be from a low-income household.

Indicate the total amount of your **monthly** income (yours and the other adult, if applicable):

Indicate your total **monthly** expenses (yours and the other household members included, if applicable):

Employment: \$ _____
Employment Insurance: \$ _____
Social Assistance: \$ _____
Child Tax Benefit: \$ _____
Savings: \$ _____
OSAP: \$ _____

Rent: \$ _____
Utilities: \$ _____
Phone: \$ _____
Transportation: \$ _____ \$97 per adult
Internet/Cable: \$ _____
Childcare: \$ _____

Total Income: \$ _____ (Add amounts above)

Total Expenses: \$ _____ (amounts above)

Net Income: \$ _____ (Total Income minus Total Expenses)

By signing, I have read and understood the food bank policy. I am aware of the terms therein stated.

Print Full Name

Student Signature

Date

Staff

Date

For Office Use Only (Do not fill)

Food Bank No. _____

Student Info:

<input type="checkbox"/> Student ID	<input type="checkbox"/> Proof of enrolment (timetable with name)
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If there is a second adult included:

<input type="checkbox"/> Proof of address (Student's)
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Names:

Proof of address

2 nd Adult:	<input type="checkbox"/>
Child:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>