



## Food Bank Intake-Privacy Statement

### Personal and Non-Identifying Information:

Personal information is collected in accordance with privacy legislation for the purposes of providing needed services. Personal information will not be shared without written consent and is only provided for the purpose of referral or to provide service at your request.

Personal information will not be shared with Harvest Manitoba and Food Banks Canada without consent being given.

**Check off:** ☐ I give consent for my personal information to be shared with Harvest Manitoba and Food Banks Canada.

Please note that non-identifying information is used for statistical purposes, to track the use of services, for public awareness of hunger issues and to improve our services in the future. Information is kept for a maximum of 7 years in accordance with our legal requirements and is only accessible by staff members providing services that require the information.

Your name and hamper date will appear on the computer program for the hamper program and the daily list on your hamper day. This is accessible only to staff members running the program. Please feel free to ask us any questions you may have about your information and how we use and store it. Respect for your privacy is important to us.

### Food Waiver: Samaritan House Ministries Disclaimer of Warranty and Indemnity for Households/Individuals/Families

Samaritan House Ministries, Inc., supplies foodstuffs within our food sharing programs to area households/individuals/families when and if available as determined by Samaritan House Ministries, Inc. By signing this disclaimer, these households/individuals/families hereby acknowledge and agree to the following:

1. Any foodstuffs or other goods received from Samaritan House Ministries, Inc., are accepted by them in "as is" condition. Samaritan House Ministries, Inc., makes no warranty, either expressed or implied, as to the quality, condition or fitness of the goods for the purposes of the households/individuals/families to which they are given.
2. Samaritan House Ministries, Inc. makes no representation as to the quality of the foodstuffs and the households/individuals/families will rely entirely on its own inspection of the foodstuffs as to their suitability and fitness.
3. To waive any claim or right of action it may have for damages or injury suffered by any third-party consumption of any goods supplied to the households/individuals/families by Samaritan House Ministries, Inc.
4. To indemnify and hold harmless Samaritan House Ministries, Inc., from and against all claims and actions that may be made against Samaritan House Ministries, Inc., and against all costs, damages, expenses and liabilities which may be sustained or incurred by Samaritan House Ministries, Inc., by reason of the supply of goods to the households/individuals/families.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Employee or representative of Samaritan House Ministries, Inc.

# Samaritan House Ministries Food Bank Intake Form

## Primary Client Information (Please Print)

Last Name/Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name (if different than First Name): \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Undisclosed

Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Y Y Y Y M M D D

Health ID Reg # (6 Dig): \_\_\_\_\_ Per. ID (9 Dig): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Your Household: # of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_

**Please check off ONE of the following:**

☐ Single-parent/guardian family ☐ Two-parent/guardian family ☐ Couple, no children ☐ Single person ☐ Other ☐ Undisclosed

**How many Adults are in your household in the following categories?**

1. # of Post-Sec Students (18+): \_\_\_\_\_ 2. # of First Nations, Inuit, or Métis (18+): \_\_\_\_\_ 3. # Visible Minority (18+): \_\_\_\_\_  
 4. # of New immigrants or refugees (18+): \_\_\_\_\_ Month & Year of arrival: \_\_\_\_\_ 5. # Persons with Disability (18+): \_\_\_\_\_

### Please list everyone living at the address provided:

| Last Name | First Name | Gender | Relationship | Health Reg. (6 Digit)<br>Personal ID (9 Digit) | Birthdate<br>(YYYY-MM-DD) |
|-----------|------------|--------|--------------|--|---------------------------|
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |
|           |            |        |              |  | ____-____-____            |

| Primary source of income:                            | Housing Type:                                   | Reason for Using Food Bank:  |  |
|--|---|--|--|
| <input type="checkbox"/> Employment Income           | <input type="checkbox"/> Own Home               | <input type="checkbox"/> Low Wages/delayed wages                     | <input type="checkbox"/> Separation of family          |
| <input type="checkbox"/> Employment Insurance (EI)   | <input type="checkbox"/> Private rental         | <input type="checkbox"/> Not enough work hours                       | <input type="checkbox"/> Natural Disaster (fire/flood) |
| <input type="checkbox"/> Social Assistance (EIA)     | <input type="checkbox"/> Rooming House          | <input type="checkbox"/> Unemployed/recent job loss                  | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Disability related benefits | <input type="checkbox"/> Social (public) rental | <input type="checkbox"/> Social Assistance/benefits too low          | <b>Client Intake Questionnaire:</b>                    |
| <input type="checkbox"/> Old Age Pension             | <input type="checkbox"/> Band-owned             | <input type="checkbox"/> Cost of housing (rent, mortgage)            | 1. Referral Source:                                    |
| <input type="checkbox"/> Student Loans/Scholarships  | <input type="checkbox"/> Emergency Shelter      | <input type="checkbox"/> Cost of utilities (hydro, heat, water, gas) |  |
| <input type="checkbox"/> Canada Child Benefit        | <input type="checkbox"/> Youth home/shelter     | <input type="checkbox"/> Cost of food                                | 2. Dietary Needs/Allergies:                            |
| <input type="checkbox"/> No income                   | <input type="checkbox"/> Unhoused               | <input type="checkbox"/> Relocation (immigration/moving)             |  |
| <input type="checkbox"/> Other income                | <input type="checkbox"/> With family/friends    | <input type="checkbox"/> Unexpected expense                          | 3. Languages:  |
| <input type="checkbox"/> Undisclosed                 | <input type="checkbox"/> Other                  | <input type="checkbox"/> Sickness/Medical Expense                    |  |
|  | <input type="checkbox"/> Undisclosed            | <input type="checkbox"/> Debt  |  |

### Office Use Only

Date: \_\_\_\_\_ Entered into System by (Initials): \_\_\_\_\_ Client # \_\_\_\_\_