



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 Winnipeg Harvest and Food Banks Canada without consent being given.

Check off: ☐ I give consent for my personal information to be shared with Winnipeg Harvest 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 at Brandon, Manitoba this _____, day of _____, _____.

Signature: _____

Witness: _____

Employee or representative of Samaritan House Ministries, Inc.

Samaritan House Ministries Food Bank Intake Form

Primary Client Information (Please Print)

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Birthdate: ____ - ____ - ____ **Age:** ____ **Gender:** ☐ Female ☐ Male
Y Y Y Y M M D D

Health ID Reg # (6 Dig): _____ **Per. ID (9 Dig):** _____ - _____ - _____

Street Address _____ **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+): ____ Year of arrival ____ **5.** #Persons with Disability (18+) ____

Please list others in your household that you are claiming a hamper for:

Last Name	First Name	Gender	Age	Health Reg. (6 Digit) Personal ID (9 Digit)	Birthdate (YYYY-MM-DD)
					____ - ____ - ____
					____ - ____ - ____
					____ - ____ - ____
					____ - ____ - ____
					____ - ____ - ____
					____ - ____ - ____
					____ - ____ - ____
					____ - ____ - ____

Primary source of income: #of adults per household		Housing Type:		Reason for Using Food Bank:			
	Employment Income		Own Home		Low Wages/delayed wages		Family break-up
	Employment Insurance (EI)		Private rental		Not enough work hours		Other
	Social Assistance - (EIA)		Rooming House		Unemployed/recent job loss		Undisclosed
	Disability related benefits		Social (public) rental		Social Assistance /benefits too low	Client Intake Questionnaire:	
	Old Age Pension		Band-owned		Cost of housing (rent, mortgage)	1. Referral Source:	
	Student Loans / Scholarships		Emergency Shelter		Cost of utilities (hydro, heat, water, gas)		
	Canada Child Benefit		Youth home/shelter		Cost of food	2. Current Food Status:	
	Canada Worker Lockdown Benefit (CWLBB)		On the street		Relocation (immigration/moving)		
	Canada Recovery Sickness Benefit (CRSB)		With family/friends		Unexpected expense	3. Resources:	
	Canada Recovery Caregiving Benefit (CRCB)		Other		Sickness/Medical Expense		
	Other		Undisclosed		Debt		
	Undisclosed				Natural Disaster (fire/flood)		

Office Use Only

Date: _____ **Entered into System by (Initials):** _____ **Client #** _____