CHIPPEWA ANISHINAABEK FOOD RIGHTS APPLICATION

Personal information provided on this form is kept confidential. Only statistical information will be reported.

Please Print Clearly

Part A: General Information

Please circle One

Male/ Female On Rez/ Off Rez Age Group: 18-24 25-35 36-45 46-55 65+

Date:_____

First Name: _____ Last Name: _____

Address: _____

Street City Postal Code

Phone No: _____ Email: _____

Band #: _____

Part B: Additional Household Members

Please lists all dependent adults and/or child(ren) within your household. **IDENTIFICATION MAY BE ASKED TO BE SHOWN AT TIME OF PICK UP:**

Spouse/Dependent(s) Name:	Age:
1_____	_____
2_____	_____
3_____	_____
4_____	_____
5_____	_____
6_____	_____
7_____	_____
8_____	_____

PLEASE CIRCLE 3 ITEMS FOR YOUR BASKET

1. Shampoo/Conditioner
2. Toothpaste
3. Toilet Paper
4. Laundry Soap
5. Deodorant
6. Tooth Brush
7. Dish Soap
8. Body Wash

List any dietary restrictions (Food Allergies):

_____

Please circle 3 items if baby items are needed; Diapers size_____, Pull-ups_____, Wipes, Formula, Baby Cereal, Baby Food, Baby Body Wash; Baby Lotion

Part C: Financial Overview Information.

Please identify your monthly income by checking the appropriate box(es):

____ Ontario Works
____ Disability-WSIB
____ ODSP
____ Student
____ Other (Please Specify:)
____ Employment Income
____ Employment Insurance
____ Old Age Security

Part D: Eligibility Criteria

1. THIS IS OPEN TO ALL CHIPPEWA MEMBERS ON & OFF RESERVE REGARDLESS OF INCOME

2. A $5.00 re-stocking fee payment is required before pick up of basket
3. Last day to pick up food basket is the **SECOND LAST FRIDAY** of every month.
4. Only one food basket per household, per month due to limited funding available

Office Use

_____ $5.00 Paid _____:Intial Date of Pick Up:_____ Intial:_____