

# FEED NOVA SCOTIA HOUSEHOLD INFORMATION FORM

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_ (YYYY / MM /DD) FEED NOVA SCOTIA Code: \_\_\_\_\_

**FAMILY MEMBERS (please print) Indicate the name of the family representative (person completing form) in the first row.**

Name of Family Member (Family Rep is the person completing the form)			Gender (M/F)	DOB (yyyy/mm/dd)	Health Card #
LAST	FIRST	MIDDLE			
FAMILY REP INFO THIS ROW					

**CONTACT INFORMATION**

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(civic address)                      Unit / Suite Apt #                      Building name                      Street # / Street                      City                      Prov.                      Postal Code

Mailing address: \_\_\_\_\_  
(if different than civic)                      P.O. Box Unit / Suite Apt #                      Building name                      Street # / Street                      City                      Prov.                      Postal Code

County of Residence: \_\_\_\_\_

**DIETARY COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

**Please Complete Reverse Side**

**HOUSEHOLD INFORMATION**

Please indicate housing type:

- Social / public rental housing
- Private rental
- In a home you own
- Band housing
- Co-op housing
- Emergency shelter
- Youth group home or shelter
- Temporarily with friends
- On the street

Please indicate the **PRIMARY** source of income for the **household**: \_\_\_\_\_

*Please choose from list below*

Please 'check' all other sources of income for the household.

✓	Source of income	✓	Source of income	✓	Source of income
	Employment		Provincial Disability		No Income
	Employment Insurance		Private Pension		Other Income _____
	Income Assistance		Public Pension		
	Private Disability or Workers Compensation		Student Loan / Scholarship		

Please indicate the number of adults in the household who identify themselves as:

persons with disability \_\_\_\_\_ post-secondary students \_\_\_\_\_ First Nations, Inuit or Metis \_\_\_\_\_  
 new immigrants or refugees \_\_\_\_\_

**PLEASE READ & SIGN:** I agree to have the information contained on this form added to FEED NOVA SCOTIA's informational database for statistical analysis of assistance trends. I understand that the diet-related information I provide does not guarantee that my food preferences based on health or dietary needs will be met by FEED NOVA SCOTIA or this food bank. I understand that my personally identifying information will be held in the strictest confidence and will not be released by FEED NOVA SCOTIA or this food bank to any outside party without my permission.

Signature: \_\_\_\_\_  
 Family Representative

Date: \_\_\_\_\_