

OUTLOOK & DISTRICT FOOD BANK MONTHLY REQUEST FORM

****Application MUST be signed by the applicant & the referring person****

DATE: _____

NAME: _____

PHONE: _____

BASKET NO _____

Please quote # from previous basket or indicate if you are a new client.

Do you have other needs that we could try to meet?

# OF ADULTS SEX:	M/F	AGE:	_____	Health No.	_____
	M/F		_____		_____
	M/F		_____		_____
# OF CHILDREN:	M/F		_____		_____
	M/F		_____		_____
	M/F		_____		_____
	M/F		_____		_____

WHAT DO YOU USE TO COOK WITH? Stove, Microwave, Hot Plate

LIST SPECIAL NEEDS: _____ LIST ITEMS YOU WILL NOT USE: _____

THIS AREA MUST BE COMPLETED BY CLERGY, FAMILY DOCTOR, PUBLIC HEALTH OR OTHER REFERRING AGENCY.

NAME OF REFERRING PERSON: _____

AGENCY: _____ PHONE: _____

SIGNATURE: _____

TYPE OF INCOME CLIENT RECEIVES: Social Assistance, Paid Employment, CPP Disability, PTA, CPP, Employment Insurance, Other _____

This application must be returned to the food bank c/o Outlook Volunteer Services Box 369, Outlook SK S0L 2N0 faxed to 867-2069 or dropped in the box at the Outlook Town Office, received no later than the 15th day of the month. Baskets will not be delivered. Under certain circumstances emergency requests can be made by calling 306-867-8676 ext. 415. Thank you.

VERBAL AND/OR PHYSICAL ABUSE WILL NOT BE TOLERATED ON THE PREMISES. FOOD BASKETS CAN BE APPLIED FOR BY THE CLIENT ONLY ONCE PER MONTH.

SIGNATURE OF APPLICANT: _____

Baskets are ready to be picked up on:

The second last Wednesday of the month in the evening between **6:00 and 6:30 p.m.**
or IF NECESSARY the following Thursday during Town Office hours (8:30 – 5:00 p.m.).
Please notify us at 867-8676 ext 415 if you are unable to come Wednesday evening.
ALL BASKETS ARE PICKED UP AT THE OUTLOOK TOWN OFFICE BUILDING.