

OUTLOOK & DISTRICT FOOD BANK MONTHLY REQUEST FORM

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

Date: _____

BASKET NO _____

NAME: _____

PHONE: _____

ADDRESS: _____

# OF ADULT SEX:	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____
	M/F	AGE: _____	HEALTH NO: _____

WHAT DO YOU USE TO COOK ON: STOVE, MICROWAVE, HOT PLATE, BBQ

LIST SPECIAL NEEDS:	LIST ITEMS YOU WILL NOT USE:	NEEDS WE CAN TRY TO MEET
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

NAME OF REFERRING PERSON: _____

AGENCY _____ PHONE NUMBER: _____

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 or faxed to 306-867-2069 or dropped in the box at the Outlook Town Office, received no later than the 10th of the month. Baskets will not be delivered. Under certain circumstances emergency requests can be made by calling 306-222-4708 or 306-535-0987.

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

SIGNATURE OF CLIENT: _____

BASKETS ARE READY TO PICKED UP ON:

THE SECOND LAST WEDNESDAY OF THE MONTH BETWEEN 12:00 AND 2:00 PM OR IF NECESSARY THE FOLLOWING THURSDAY DURING TOWN OFFICE HOURS

(9:00 TO 5:00 PM). ALL BASKETS ARE PICKED UP AT THE TOWN OFFICE BUILDING.

Dear Food Bank Recipient:

Please review the following policies and procedures to be followed for the application to the Outlook & District Food Bank.

Please note that incomplete applications could be refused at the discretion of the Food Bank Board of Directors. Thank you for your cooperation.

OUTLOOK & DISTRICT FOOD BANK INC POLICY

1. The Food Bank is available to those in the outlook and surrounding areas who require food supplies.
2. Accessing a Food Bank does not affect or reduce any other benefits or assistance now being received.
3. The application must be signed by clergy or other professional who can speak on the applicant's behalf. All information is held under strict confidence.
4. Every application must be completely filled out and signed by the referring person.

5. **Applications for food basket must be returned by the 10th day of the month.**

PROCEDURE

1. The Food Bank storage is location in the Outlook Town Office building. Application forms are available from the pamphlet hamper in the main lobby of the building.
2. The forms are to be filled in by the family or individual requesting food supplies and must b taken to a referring person for approval. The referring person must be able to speak on behalf of the applicant is requested.
3. Baskets are packed on the 2nd last Wednesday of each month.
4. Pickup is between 12pm and 2pm only. If you cannot attend at this time you must make arrangements for your hamper to be picked up.
5. **VERBAL AND/OR PHYSICAL ABUSE WILL NOT BE TOLERATED ON THE PREMISES.**

6. All applicants must reapply for each basket they request.
7. Emergency baskets can be filled in special circumstances. Applicants can call 306-222-4708 or 306-535-0987 and should be able to provide the name of a referring person.

2025 PACKING DATES

JANUARY	22
FEBRUARY	19
MARCH	19
APRIL	23
MAY	21
JUNE	18
JULY	23
AUGUST	20
SEPTEMBER	17
OCTOBER	22
NOVEMBER	19
DECEMBER	17