



SINAI FOUNDATION CANAD

Sinai Foundation Canada Registration# 1147758-7

Address: 5218 Fallingbrook Drive, Mississauga, Ontario, L5V 2C6. <https://sinaifoundation.ca/>

Senior Grocery Assistance Program

(COVID-10)

Name		Today's Date:
Address	Street Address:	City:
	Postal Code:	Appt#:
Phone	Home: Cell:	Email:
Date of Birth	Day/Month/Year: Gender:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Housing Status:	<input type="checkbox"/> Private Rental <input type="checkbox"/> Own Home <input type="checkbox"/> Social Housing <input type="checkbox"/> Band Owned <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Youth Shelter <input type="checkbox"/> On the Street <input type="checkbox"/> With Family/Friends <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Other (please specify): _____	
Language(s):		
*Ethnicity:	<input type="checkbox"/> Visible Minority <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> N/A	
*Self-Identifies As:	<input type="checkbox"/> Refugee <input type="checkbox"/> Veteran <input type="checkbox"/> Newcomer (Arrival Date: _____) <input type="checkbox"/> Syrian <input type="checkbox"/> Other <input type="checkbox"/> Person with Disability <input type="checkbox"/> N/A	
Education Level:	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> OAC <input type="checkbox"/> College Diploma <input type="checkbox"/> University Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Post-Secondary (some) <input type="checkbox"/> Trade Certification/Professional Accreditation Country of Education: _____	

HOUSEHOLD MEMBER INFORMATION

Please provide additional family information below. Attach extra sheet if required. # of Adults: _____ # of Children: _____

Full Name:	Relationship to Applicant:	Date of Birth: (dd/mm/yyyy)	Gender:	Status Details:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student
	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend / Girlfriend <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans	<input type="checkbox"/> Visible Minority <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Refugee <input type="checkbox"/> Syrian <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Newcomer (10 Years or Less) <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Post Secondary Student

Office Use only

	Name	Signature	Date
Intake Officer			
Filing Officer			

Indicate all sources of monthly household income and dollar amounts.		Indicate all monthly household expenses and dollar amounts.	
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Ontario Works \$ _____	<input type="checkbox"/> Child Support \$ _____	
<input type="checkbox"/> Child Tax \$ _____	<input type="checkbox"/> Pensions \$ _____	<input type="checkbox"/> Childcare \$ _____	
<input type="checkbox"/> CPP \$ _____	<input type="checkbox"/> Refugee Assistance \$ _____	<input type="checkbox"/> Debt \$ _____	
<input type="checkbox"/> EI \$ _____	<input type="checkbox"/> Scholarship \$ _____	<input type="checkbox"/> Food \$ _____	
<input type="checkbox"/> Employed FT \$ _____	<input type="checkbox"/> Spouse Support \$ _____	<input type="checkbox"/> Medical \$ _____	
<input type="checkbox"/> Employed PT \$ _____	<input type="checkbox"/> Student Loan \$ _____	<input type="checkbox"/> Mortgage \$ _____	
<input type="checkbox"/> OAS \$ _____	<input type="checkbox"/> Universal Child \$ _____	<input type="checkbox"/> Personal \$ _____	
<input type="checkbox"/> ODSP \$ _____	<input type="checkbox"/> WSIB \$ _____	<input type="checkbox"/> Phone \$ _____	
	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Rent \$ _____	
		<input type="checkbox"/> Transit \$ _____	
		<input type="checkbox"/> Utilities \$ _____	
		<input type="checkbox"/> Vehicle \$ _____	
		<input type="checkbox"/> Other \$ _____	
*Financial Worksheet (Agency Use Only): Monthly Gross Income: _____ Total Monthly Expenses: _____ Monthly Net Income: _____			
Dietary Considerations: <input type="checkbox"/> Diabetic <input type="checkbox"/> No Pork <input type="checkbox"/> Wheat Allergy <input type="checkbox"/> Fish Only <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Vegan <input type="checkbox"/> Egg Allergy <input type="checkbox"/> Peanut Allergy <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Other <input type="checkbox"/> Sesame Allergy			
How did you find out about Sinai Foundation Food Service?			
Documents Required:	Please provide a copy of the following: 1. Photo ID for all household members		
	2. Proof of address (driver's license, lease agreement, piece of mail, etc.)		

The undersigned client certifies that the information/answers provided are complete and true.

You further agree to:

- You understand that Sinai Foundation Grocery Service is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- There is no guarantee to the amount or type of food or produce given.
- You will not sell the food or non-food products or exchange/barter food or non-food products for services.
- Inappropriate behavior such as profanity, littering, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges to Sinai Foundation Grocery service.
- By completing this form, the client agrees to accept help and support from Sinai Foundation Service on these terms and completely and unconditionally indemnify Sinai Foundation Grocery service in all respects from any liability.

Applicant's Signature: _____

Date: _____