



*It takes a Village*

# Client Registration Form

Full Name:	Date of Request:
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Street Address:	Apt:	Buzz.:
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City:	Postal Code:	Tel (Home):	Tel (Cell):
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Employment:	Yes	Full	Part	No	Pension
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Indicate your source(s) of income (Including Social Assistance,... EI, ODSP, CPP, OAS, Child Support, or any other):

Do you own your residence or rent? Mortgage: \$	Rent: \$
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Family Size (Number of dependants in your immediate family): Please provide family detail below. Attach extra sheet if required.  
 Full Name: Relationship: Age & Birthdate: Status: Employed-Y/N/Senior/Student

1.			
2.			
3.			
4.			
5.			

Allergies or dietary restrictions due to any health issue or religion:

How were you made aware of Village of Hope Niagara?

Notes:

Village of Hope Niagara is not responsible for quality or quantity of food provided. We make available on upon request what is received as donation. Village of Hope Niagara does not guarantee any specific quantity or availability of any specific food item. Clients receiving any item from Village of Hope Niagara are themselves responsible to check the product and suitability for use. If they are in doubt, they must not use the food, and discard it. Use of any food item is solely at the client's personal discretion. Checking beforehand for allergies and avoiding any specific foods is solely the client's responsibility. Village of Hope Niagara does not bear any liability what so ever in this regard. By completing this form, the client agrees to accept help and support from Village of Hope Niagara on these terms and completely and unconditionally indemnify Village of Hope Niagara in all respects from any liability.

Applicant's Signature:	Date:
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