



FOOD AID REQUEST FORM

Full Name: _____ Partner's full Name: _____

Full address: _____

Phone: _____ Cell phone: _____

Email: _____

Type of family (single, partners, single parent, 2 parents+kids): _____

Type of household (renting, owner, friends, HLM, etc.): _____

Number of adults: ____ Dates of birth: _____

Number of children (living full time with you): ____ Dates of birth: _____

Help for how many persons: _____ Roommates? _____ Names of roommates: _____

Are you already in contact with another organization in the HSF? If so, which one?: _____

Income	Monthly amount	Expenses	Real amount	Accepted amount
Salary of the household (emploi, chômage, aide sociale)		The rent (write the amount you pay if you share the cost)		
Family allowances (PUGE)		Heating and electricity		
Alimony		Phone line, cell, TV and Internet		
RQAP		Gasoline		
Loans and Grants		Insurances/Licenses/ Plates		
SAAQ/CSST/Invalidité		Medication (prescribed but not covered)		
Annuities		Alimony		
Crédit d'impôt solidarité		Daycare		
Govern. Housing allowance		Hobbies/Clothing		
Other income		Debts : bankruptcy, loans, etc		
TOTAL		TOTAL		

Réservé à l'administration

Total des dépenses acceptées : _____

TOTAL des revenus : _____

MOINS les dépenses : _____

BUDGET DISPONIBLE POUR ÉPICERIE : _____ OUI : ____ NON : ____ Durée : _____

BUDGET ALLOUÉ À L'ÉPICERIE (en fonction du nombre de personnes) : _____

Catégorie de dépannage : P__ M__ G__ TG__ TG+__



Please describe your situation at the moment (Write more if needed at the end of the form) :

*** Any unjustified absence on the distribution date will automatically make you skip the actual month of food aid.*

Rules of MOISSON HAUT-SAINT-FRANÇOIS

By signing this form, the user agrees that :

- Politeness and civility are the ground rules : we do not tolerate any kind of verbal or physical aggression, we ask our users to show up sober;
- The applicant must be living in the HSF and be experiencing some financially tough times;
- Please take note that we are asking for a contribution : 2 \$ for a single person, 3\$ for a couple and 5 \$ for a family;
- Any changes in the financial situation of the applicant must be reported to Moisson Haut-Saint-François and we will update the informations of the applicant annually;
- The distribution always takes place at the office, on the Wednesday, (unless we say so) 53, Angus South Street, in East Angus. You must bring an isolated bag and ice pack to receive your meat;
- We are requesting proves of incomes and expenses. If you don't provide them, your request might be denied;
- For more informations, you can contact us at Moisson Haut-Saint-François by email Moissonhsf.intervenante@gmail.com or by phone at 819-451-2781;

All informations provided are true.

Initiales _____

I understand the ground rules of Moisson Haut-Saint-François

. Initiales _____

I agree that Moisson HSF might share some information to other organizations.

Initiales _____

List of accepted forms : recent bank statement, proof of income, leasehold, bills, proof of custody, any other document that could provide information. WE WILL NOT KEEP ANY COPY OF THOSE PROOVES.

Applicant's signature : _____ On the _____ (D/M/Y)

Social worker's signature : _____ On the _____ (D/M/Y)

Moisson Haut-Saint-François : 53 rue Angus Sud, East Angus, Québec, J0B 1R0
819-451-2781

Email : MoissonHsf.intervenante@gmail.com

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