

Staff Name: _____

Pickup Day _____ time _____

Lakeshore Food Bank Application

Date: _____

Please Print Clearly

Family Name			
First Name			
Address (include Postal Code & PO Box #)			
Phone Number	()		
# of Adults & I.D. for each			
# of Children & I.D. for each		Ages of Children	
Have you applied for assistance from another agency in Lakeshore?	YES (St. Vincent de Paul, GoodFellows, Church Group)		NO
Referred to Credit Counseling?	YES / NO	Referred to other agency?	
Household Income (per month)	Gross Income	Net Income	Recipient
Ontario Works			
Disability			
ODSP			
Employment Insurance			
Employment Income			
Employment Pension			
Basic Canada Child Tax Credit			
National Child Benefit Supplement			
NCBS Deduction	-		
Universal Child Care Benefit			
Ont. Suppl. For Working Families			
Child Support / Alimony			
Canadian Pension Plan			
Old Age Security			
Total Income			
Current Expenses (for previous month)	New Mthly Expense	Total Amount Due	Amt Actually Paid
Rent/Mortgage			
Hydro			
Gas			
Water			
Child Support/Alimony			
Total Basic Expenses Paid			

** black areas are not to be completed**

CALCULATIONS

- Total Income _____ - Total Basic Expense _____ = Net Income _____
- Net Income _____ / # people in household _____ = _____ = Score #1 ()
- Net Income _____ / 4.4 = _____ = Score #2 ()
- Score #1 () + Score #2 () = Combined Score ()

SCORE 1 & SCORE 2	MONTHLY NET INCOME	COMBINED SCORE - Lakeshore
0 - 1	Up to \$100 /ea or /wk	Once per 2 weeks
2	\$101-\$200 /ea or /wk	Once per 2 weeks
3	\$201-\$300 /ea or /wk	Once per 2 weeks
4	\$301-\$400 /ea or /wk	Once per month
5	\$401-\$500 /ea or /wk	Once per month
6	\$501-\$600 /ea or /wk	Once per month
7	\$601-\$700 /ea or /wk	Not Eligible
8+	\$701 + /ea or /wk	Not Eligible

Food Bank Eligibility Criteria

○ **Must bring in:**

- Id's for everyone who lives within the home
- Most recent income statements including all of Ontario Works forms including the Drug Benefit Card, Ontario Disability, CPP, EI, Child Support, Alimony, National Child Benefit Supplement, Basic Child Tax Credit, Universal Child Benefit, Ontario Child Care Supplement for Working Families,
- All current employment income statements for everyone working in the residence over the age of 18
- The current receipt for current month rent or mortgage payment
- The current month bill with payment receipt for Hydro, Union Gas and Water
- Current receipt and or bank statement of court ordered child support and or Alimony

○ **Financial Range Criteria (Income versus Expense Ratio)**

- Net Income – Based on the basic living needs of expenses and income of household, equals their net income
- Number of people in household
- Based on 4.4 weeks
- *Example: Income = 1200.00 / month; Expenses = \$600.00 / month; Net Income = \$600.00 / month; Number of people in family = 3; \$600 / 3 = \$200.00/each per month*
- Per member amounts up to a certain amount are guaranteed
- Total Income – Basic Expenses = Net Income

Net Income divided by # of family members = x = score 1 Net Income divided by 4.4 = y = score 2

Score 1 + score 2 = combined score

○ **Duration of Assistance for Lakeshore Residents and the Residents that fall within the Meals on Wheels boundaries within the Town of Tecumseh (Adults and Families) based on current Income and Expenses**

- Combined score of 0 – 3 = once every 2 weeks
- Combined score of 4 – 6 = once every month
- Combined scores of 7 and above do not qualify (Unexpected expenses will be taken into consideration when evidence is produced by receipt within the last month time period, under the approval of the Executive Director and the Chairperson of the Food Bank Committee.)
- All applications must be submitted in person by 4:00 p.m. the day before pick-up

○ **Duration of Assistance for City of Windsor Residents based on current Income and Expenses**

- Client will be referred to local community Food Bank(s) first
- If client cannot get assistance through local community food bank then they must fill out application in full providing **all** necessary information
- All application must be submitted in person by 4:00 p.m. the day before pick-up
- Combined score of 0 – 3 = once every 3 months
- Combined score of 4 – 6 = once every 6 months
- Combined scores of 7 and above do not qualify

○ **Deliveries**

- At the discretion of the Executive Director and only within the Town of Lakeshore

○ **Emergency Food Bank Request**

- Canned items only; no fresh foods
- At the discretion of the Executive Director
- Enough items supplied to last until next pick up day
- Applicants must fill out all necessary paper work for the next full pickup first

○ **No Shows**

- Allowance will be allowed for Emergency situations by the discretion of the Executive Director
- Forgotten pick-ups – one allowance only then no longer eligible for fresh items for 6 months