





## CLIENT REGISTRATION FORM IF THE CLIENT IS REQUESTING ASSISTANCE, $\underline{ALL}$ OF THE FOLLOWING FIELDS MUST BE COMPLETED

CLIENT'S PRIMARY INFORMATION							
Client's Full Name							
** READ	BEFORE SELECTING	CLIENT APPLICA	TION TY	PE**			
UNLESS THERE ARE EXT REGISTER AS ONLY O	PEN TO RECEIVING G	IFT VOUCHER. EX	<b>CEPTIC</b>				
CONTACT STAFF TO DISCUSS FURTHER.							
UNLESS AGENCY REP FAMILIES WHO DO NO' RECEIVING GIFT VO		FRENCH MUST R	EGISTE	R AS (	ONLY OPEN TO		
FAMILIES WITH ANY DIETARY RESTRICTIONS MUST REGISTER AS ONLY OPEN TO RECEIVING GIFT VOUCHER. NO EXCEPTIONS CAN BE MADE.							
Client's Application Type Check Appropriate Box	□ Partner Assisting (Duplicate Check Only)	☐ Open to All Assistance (Food Hamper OR Voucher)		□ Only Open to Receiving Gift Voucher			
Does the Client Fall Within the LICO Standards?  Check Appropriate Box		□ Yes □ No					
<b>Special Comments:</b>							
HOUSEHOLD INFORMATION							
APPLICANT (this section is meant to record the Client's information)							
First Name	Last Name	Gend	ler Ag	ge	Date of Birth		
PARTNER (if applicant has no partner, please leave this section blank)							
First Name	Last Name		ler Ag	τo	Date of Birth		
riistivame	Last Name	Gene	ICI Aş	<u> </u>	Date of Birth		
CHILDREN – 0 to 17 years o							
First Name	Last Name	Gend	ler Ag	ge	Date of Birth		



home of the



OTHER ADULTS – 18 to 54 years old						
First Name	Last Name		Gender	Age	Date of Birth	
SENIORS – 55 years and older				W.		
First Name	Last Name		Gender	Age	Date of Birth	
	CLIENT'S CONTAC	CT INFORM	ATION			
Preferred Language		□ English				
If Client Does Not Speak English or French, please		□ French				
note that in the COMMENTS section.						
Client's Email Address						
<b>Has The Client Been Informed</b>	That They May					
Receive Notices About Any Pot						
Email?		□ Yes				
		□ No				
NOTE: Agency representatives will be copied on all		□ Not Applicable				
communications to their clients.						
Client's Main Phone Number						
Client's Alternate Phone Number						
CLIENT'S ADDRESS INFORMATION						
Is Client's Address a Co-op or Apt Building?		□ Yes				
		□ No Buzz/Ring #:				
Is this a Shelter or a Shared Apartment?		□ Yes				
		□ <b>No</b>				
		Clients Musi				
Client's Address		Please Remember To Include The Unit Number				

## **CLIENT AUTHORIZATION FORM**

## **To Be Completed By Client:**

If referral is taken over the phone: Please read this information to the client and have them verbally agree.

By signing this Client Authorization Form, you agree that your referring agency has permission to share the personal information contained on the Client Application Form (either for the Sharing in Student Success program or the Christmas Exchange program) with the Caring and Sharing Exchange, which in turn may share the information with other community organizations or sponsors in order to provide you with the assistance you have requested.								
Client's Name (Please Print)	Client's Signature							
To Be Completed by Referring Agent:								
	above-named client is aware they are being registered for the Sharing in Student ange Program and has consented to having their information shared.							
If referral is taken over the phone: The a correct address information on file.  □ Yes □ No	above-named client is a current client of this agency and we therefore have the							
Agent's Name:	Signature:							