**Vision of Hope Resource Centre**

**8 Lanebrook Drive , Brampton, ON | L6P 2H4**

**www.vohrc.com | visionofhoperc@gmail.com | 905.454.6490**

Registered charity #: 823779137 RR0001

VOHRC FOOD SUPPORT PROGRAM -2022

Section A. Tell Us About You

The Applicant Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex [Male] [Female]

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spousal Status:**

Single [ ] Married [ ] Common Law [ ] Separated [ ] Divorced [ ] Widowed [ ]

Financial Need

Status: Are you [employed or unemployed]- **Did you lose your job to Covid [yes or no]**

Family Status:

How many children are in the family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people are in your family unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit Number\_\_\_\_\_\_\_\_

(Buzzer #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. Number (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred number: (home) or (cell)

Are you a new comer [yes or no] Preferred Language [English] [French] or [Other] specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cultural identity**: [Black] [South Asian] [Caucasian] [Asian] [Hispanic] or other\_\_\_\_\_\_

(Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other agency involvement [yes or no]- Agency name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Thank you for your application, please email to** **visionofhoperc@gmail.com** **or call Noretta at 416- 569-2999**