



Emergency Food Hamper Request

Hampers may be applied for once every fourteen (14) days. Please fill out all of the information on this form, or your form will need to be resubmitted.

Date: _____ Student #: _____

Name of Recipient: _____

Address: _____

Health Card #: _____

Name of Spouse/Partner: _____

Health Card # of Spouse/Partner: _____

Number of Adults: One Two

List of Dependants:

Name	Health Card #	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Telephone #: _____ (where you can be reached on delivery day)

E-mail: _____

Signature: _____

Do you have any special requirements? (Subject to Availability):

Baby Food Type: _____

Baby Formula Type: _____

Diapers Size: _____

Pet food Dog Cat

Diabetic Yes No

Other requirements _____

Bring your form to:

USSU Main Office
8:30 - 4:30, Mon-Fri
Room 110 Place Riel
966-6960

OR

USSU Food Centre
Drop box or submit to coordinator
Main Floor Memorial Union Building
966-1792

The following demographical information is optional and will be used for statistical purposes only.

College: _____ Gender: _____

Aboriginal Ancestry: Indian Métis Inuit Non-Aboriginal

Do you have an on-going disability? Yes No

Are you a member of a visible minority? Yes No

Do you identify as lesbian, gay, bisexual or transgender (LGBT)? Yes No