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| **Client Understanding** | |  | | |
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| I understand that the TRAFBS sorts all food for expiry and best before dates and will make every effort not to place expired food in my hamper. Food provided may be near its expiry date, or past its best before date. As best before dates are recommended use by date, and these items may be provided past said date, as set out by Food Banks Canada. | | | Initials |  |
| The food I receive is donated with the intent for being given to people who require additional support. By initialling this box, I agree to accept this food for personal use only and not for resale use. If I am caught selling this food, I understand that I will be refused future services by the food bank. | | | Initials |  |
| I understand that it is my responsibility to call ahead for an appointment and to attend this appointment on time. If I am unable to attend, I need to call and cancel my appointment | | | Initials |  |
| I understand there is a zero tolerance for verbal or physical abuse of volunteers or anyone else utilizing the food bank services. Such actions may result in me being asked to leave, and refused services. | | | Initials |  |
| I hereby commit that the information I have provided is complete and accurate to the best of my ability and that if anything in my current circumstances change, I will notify the TRAFBS before booking my next appointment. This includes, but is not restricted to, changes in my household, financial situation, or physical address. | | | Initials |  |
| I understand that the information I have provided will be reviewed at a minimum of twice a year and I may be asked for verification of said information. **If I do not provide this information in a timely manner once asked, I may not be eligible to receive service until this information is received.** | | | Initials |  |
| I understand that my hamper may change from month to month based on the availability of food within the stock of the food bank. | | | Initials |  |
| I understand that I may be refused services and/or asked to come back at a later time and/or date if I am under the influence of alcohol and/or drugs. | | | Initials |  |
| I accept the products in the hampers provided to me at my own risk. | | | Initials |  |
| I understand that by signing this Client Understanding form, that the Tofield-Ryley & Area Food Bank Society in no way guarantees assistance in any form. | | | Initials |  |
| I understand that a message may be left on the phone number that I have provided. | | | Initials |  |
| I understand that TRAFBS utilizes the Link2Feed program and as such my information may be shared with other food banks, Food Banks Canada and/or Food Banks Alberta for statistical purposes and to ensure no duplication of services. | | | Initials |  |
| I understand that I may revoke my consent at any time. | | | Initials |  |
| Client Signature |  | | | |
| Witness Signature |  | | | |