

# Household Information Form- HIF A (Data Sharing Agency)



Agency Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY Month DD

FEED NOVA SCOTIA Agency Code: \_\_\_\_\_

## MAIN CLIENT INFORMATION

\_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY Month DD

Is their Date of Birth estimated?  Yes  No

Gender:  Undisclosed  Male  Female  Transgender

Marital Status:  Undisclosed  Single  Married  Common-Law

Separated  Divorced  Widowed

Home Address: \_\_\_\_\_  
Number Street Town/City Community Prov. Postal Code

County/Ward of Residence: \_\_\_\_\_  No fixed address

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred ID Type: \_\_\_\_\_

## HOUSING INFORMATION– please indicate housing type

Social Housing  Own Home  With Family/Friends  Band Owned  Emergency Shelter

Private Rental  On the Street  Youth Shelter/Home  Undisclosed

## REFERRED BY

Government Dept  Financial or Business Centre  Addiction Services  Education Institution

Self-Referral  FEED NOVA SCOTIA  Women's Centre  Employment Agency

Legal Office  Disability Support Service  Emergency Shelter  Veterans' Services

Service Club  Income Assistance Office  First Nations Agency  Faith Organization

Youth Program  Family Resource Centre  Immigration Services  Health Care Service

811  Political Representative  Mental Health Service  Emergency Services

211  Housing Support Service  Client/Friend/Family  Food Bank Program

None  Public/Private School  Unspecified  Undisclosed

Other (specify): \_\_\_\_\_

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## ETHNICITY/ SELF-IDENTIFIES AS/ POST-SECONDARY STUDENT

- Person with Disability  First Nations  Metis  Inuit  Visible Minority  
 In Canada 10 years or less \_\_\_\_\_ / \_\_\_\_\_  
yyyy/mm  Post-Secondary Student  Not Applicable  Undisclosed

## EDUCATION LEVEL

- Grade 0-8  Grade 9-11  Grade 12  College Diploma  University Degree  
 Master's Degree  PhD  Post-Secondary (some)  Undisclosed  
 Trade Certificate / Professional Accreditation  
 Other (specify): \_\_\_\_\_

## HOUSEHOLD INCOME

Please indicate the **PRIMARY\*** source of income for the **household** from the list below (please select only one):

- No Income  Student Loan or Scholarship  Income Assistance  Full-time Employment  
 Public Pension  Disability Related Benefit  Employment Insurance  Part-time Employment  
 Private Pension  Spousal and /or Child Support  Gov't Child Tax Benefit  Undisclosed  
 Other (specify): \_\_\_\_\_

*\*The household's highest source of income*

## HOUSEHOLD DIETARY CONSIDERATIONS (Allergies or Restrictions due to medical condition)

Please indicate diet preferences related to:  Vegetarian  Diabetic  Vegan  Cultural (specify): \_\_\_\_\_

Please indicate any food restrictions due to allergies or health conditions:

- MSG  Soy  Sulphite  Egg  Pork  Peanut  Milk/Dairy  
 Tree Nuts  Fruit  Gluten  Seafood  Wheat  Sesame  
 Other (specify): \_\_\_\_\_

## CONSENT OF INFORMATION OBTAINED

*As household representative, I understand that I sign this consent statement on behalf of all residents of my home – both adults and those under 18 years.*

I agree to have the information contained in these forms (HIF A and HIF B) added to FEED NOVA SCOTIA's database. I understand this information will assist in providing me support and for resource management. It will also be used, in combination with other statistics, to raise awareness of food insecurity. My personal information will be kept private and only shared with Members/Agents of FEED NOVA SCOTIA in response to my formal request for support. I also understand that the dietary information I provide does not guarantee that my food preferences will be met by FEED NOVA SCOTIA or its food banks.

Household Representative (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_