## $\label{profile} Profile \ of \ Household \ Occupants-\ HIF \ B \ ({\tt Data \ Sharing \ Agency})$



Agency Name: _											
Date:// FEED NOVA SCOTIA Code:											
MAIN CLIENT	INFORMATION										
				Date of Birth:		//					
Last	First	Mid	dle		YYYY	Month DD					
FAMILY/HOUS	EHOLD MEMBER IN	FORMATION #	1								
_											
Date of Birth:	YYY Month DD	First  Gender: Und	disclosed	Middle  Male	Female	Transgender					
SELF-IDENTIF	IES AS										
	Person with Disability ars or Less (yy/mm)  P TO MAIN CLIENT	<del></del>	_	☐ Inuit ☐ Visible M	Post-Secondary	Student Not Applicable					
☑ Undisclosed		Sibling Common-Law	Child	Friend	Grandparent	Grandchild					
FAMILY/HOUS	SEHOLD MEMBER IN	FORMATION #	2								
Last		First		Middle	_	_					
	YYY Month DD	Gender: Und	disclosed	∐ Male	Female	Transgender					
SELF-IDENTIF	IES AS										
In Canada 10 ye	Person with Disability ars or Less (yy/mm)  P TO MAIN CLIENT	<del></del>	<del></del>	☐ Inuit ☐ Visible M	Post-Secondary	Student Not Applicable					
		□ C:h1:n -		□ Daisa 4	Consider a sout						
✓ Undisclosed  Other Relative	Spouse Parent Boyfriend/Girlfriend	☐ Sibling ☐ Common-Law	Child Partner	Friend	Grandparent	Grandchild					
FAMILY/HOUS	EHOLD MEMBER IN	FORMATION #	3								
	YYY Month DD	First  Gender: Und	disclosed	Middle  Male	Female	Transgender					
SELF-IDENTIF	IES AS										
☐ Undisclosed ☐ In Canada 10 ye	Person with Disability	First Nations	Metis	☐ Inuit ☐ Visible N	Post-Secondary						
RELATIONSHI	P TO MAIN CLIENT										
☑Undisclosed ☐ Other Relative	☐ Spouse ☐ Parent ☐ Boyfriend/Girlfriend	☐ Sibling ☐ Common-Law	Child Partner	Friend	Grandparent	Grandchild					

## $\label{profile} Profile \ of \ Household \ Occupants-\ HIF \ B \ ({\tt Data \ Sharing \ Agency})$



FAMILY/HOUSEHOLD MEMBER IN	FORMATION #	4			
Last	First		Middle		
Date of Birth://		lisclosed	Male	Female	Transgender
SELF-IDENTIFIES AS					
☐ Undisclosed ☐ Person with Disability ☐ In Canada 10 years or Less (yy/mm)	<del></del>	<del></del>	☐ Inuit ☐ Visible N	Post-Secondary	Student
<ul> <li>☑ Undisclosed</li> <li>☐ Spouse</li> <li>☐ Parent</li> <li>☐ Other Relative</li> <li>☐ Boyfriend/Girlfriend</li> </ul>	☐ Sibling ☐ Common-Law	☐ Child Partner	Friend	Grandparent	Grandchild
FAMILY/HOUSEHOLD MEMBER IN	FORMATION #	5			
Last  Date of Birth://	First  Gender: Unc	lisclosed	Middle Male	Female	Transgender
SELF-IDENTIFIES AS					
☐ Undisclosed ☐ Person with Disability ☐ In Canada 10 years or Less (yy/mm)	<del></del>	Metis	☐ Inuit ☐ Visible N	Post-Secondary	Student
□ Spouse □ Parent     □ Other Relative □ Boyfriend/Girlfriend	Sibling Common-Law	☐ Child Partner	Friend	Grandparent	Grandchild
CONSENT OF INFORMATION OBTA	AINED				
As household representative, I understand both adults and those under 18 years.  I agree to have the information contained if I understand this information will assist in	in these forms (HI	F A and HIF	B) added to	) FEED NOVA SC	OTIA's database.
combination with other statistics, to raise a only shared with Members/Agents of FEE understand that the dietary information I p NOVA SCOTIA or its food banks.	awareness of food D NOVA SCOTIA	insecurity. I	My personal e to my forn	information will ball to information will be	be kept private and port. I also
Household Representative (please print): _					
Signature:		_	Date:		