



ASHANDEWIN

(SHARING OF GOOD FOOD)

Have you received any COVID-19 funding from any other organization?

Yes No

PERSONAL INFORMATION:

NAME:

ADDRESS:

OF PEOPLE IN YOUR
HOUSEHOLD

PHONE:

EMAIL:

FIRST NATION AFFILIATION:

FIRST NATION:

MEMBERSHIP (insert
your number in the
space appropriate)

STATUS:

NON-STATUS:

INUIT:

METIS:

SPECIAL DIET NEEDS/CONSIDERATIONS:

ALLERGY/DIETARY
INFO:
(CHECK ONE)

GLUTEN FREE:

LACTOSE INTERANT:

VEGAN/VEGETARIAN:

NUT ALLERGIES:

Basic Need Items:

DATE SUBMITTED:

DATE DELIVERED:

MNAASGE CHILD AND FAMILY SERVICES
311 JUBILLE RD., MUNCEY, ON NOL 1Y0
519-289-1117

