

FAMILY SUPPORT PROGRAM | APPLICATION FORM

First Name: _____

Last Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Province: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Name of Emergency Contact: _____

Emergency Contact's Phone #: _____

Preferred Method of Contacting You:

Phone

Email

Text

WhatsApp

Describe for me your current situation and how this support from the Ghana Association of Hamilton may be helpful to you?

1. The following are a list of needs that the Family Support Program may cover. Please check all that apply to you and/or your Family.

- *Housing *Unemployment *Medical/Disability
*Basic Needs (Food, clothing) *Physical Health
*Homelessness

2. Marital Status

- Single Married Co-Habitation Widowed

3. Your current living situation (type of accommodation)

- Rental
Ownership
Subsidised
Shelter
Other: _____

4. Total number of people living in your household:

- # Of Adults: _____ # Of Children: _____

5. Source(s) of Income

- Employment Income
General Welfare Assistance
Ontario Disability Support Program
Student Loan Please specify: _____
Other Please specify: _____

6. Which of the following 3 areas would you be open to receive support from the Ghana Association of Hamilton?

- Receiving a Voucher for basic needs.
- Receiving a Food Voucher for groceries.
- Receiving a Food Hamper

Would you have other food provision ideas that would serve you better?

Yes (**Please specify**) _____

No _____

Thank you for completing this application.

Completed applications can be emailed to:
hamiltonghanaassociation@gmail.com