



FRIEND IN NEED
CLIENT INFORMATION



ALL FIELDS MUST BE COMPLETED

TODAYS DATE	
FULL NAME	
STREET ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
NUMBER OF ADULTS & CHILDREN	ADULTS = _____ CHILDREN= _____
HEALTH CARE CARD NUMBER	
HOW DID YOU HEAR ABOUT US?	

Each week you will be required to sign for your hamper. By signing you agree to i60 Community Services using your information for the purposes of research and marketing. You agree that i60 Community Services provides all foodstuffs in good faith and each individual must determine whether they will consume/use the product/produce provided. I60 Community Services does not hold any responsibility or guarantees the usefulness of foodstuffs provided.