



huu ayah't

ANCIENT SPIRIT, MODERN MIND

Fresh Food Box Request

HFN Citizen Information

Full Name: _____ *D.O.B.* _____

Address: _____
Street Address _____

City _____ *Email:* _____

Phone: () _____ Citizenship Number: _____

Delivery City: _____

One box per household – must have a HFN citizen residing in the residence

How many people are there in your home? _____

Do you have children under the age of 18 year's old living with you? Check all that apply.

- NO BIRTH – 5 years old 12 – 18 years old
- YES 6 – 11 years old

Main source of Income

- Work Full-time Social Assistance or Disability
- Work Part-time Other _____

Do you have any allergies?

- YES NO
- If yes, please identify:

We will do our best to avoid putting known allergens in a food box and apologize if it happens. Please let us know if it occurs continually.

Cities we deliver to: Anacla, Port Alberni, Nanaimo, Vancouver

Office: Anacla Government Office, 170 Nookemus Road, Anacla, B.C., V0R 1B0

Phone: 1.888.644.4555 | 250.728.3414 | Fax: 250.728.1222

Mail: Port Alberni Government Office, 3483 – Third Ave., Port Alberni, BC, V9Y 4E4 | Phone: 250.723.0100 | Fax: 250.723.4646