

Request for Community Food Advisor Service

Please Mail or Fax this form to: Michelle Baxter, RPN
Community Food Advisor Program
c/o Renfrew County & District Health Unit
7 International Drive, Pembroke, Ontario, K8A 6W5
Fax #: 613-735-3067
Email: mbaxter@rcdhu.com

Today's Date	Contact Person	Name of Organization	
Address			Postal code
Telephone Number ()	Fax Number ()	e-mail	
How did you hear about the CFA program? (check all that apply)			
<input type="checkbox"/> your organization <input type="checkbox"/> CFA <input type="checkbox"/> other professional <input type="checkbox"/> Health Unit <input type="checkbox"/> Pamphlet/flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster/notice <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:			

Location of service (Directions/main intersection)	Is there parking available? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the parking well lit ? <input type="checkbox"/> Yes <input type="checkbox"/> No Cost? \$
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Date(s) of service required
 Day(s): _____ Time: _____ am/pm Length: _____ hours

What type of Organization is this service for? (Check one)
 Community group
 Church
 Foodbank
 Mall
 School
 Supermarket
 Other (Specify) _____

Is this a one time event or a series of services? <input type="checkbox"/> One time <input type="checkbox"/> Series	Received previous service by a CFA(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date received last service: _____
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Language of service English French Bilingual Other (Specify) _____

Type of Service Required (check all that apply)
 Presentation Display Food Demonstration
 Other (Specify): _____

Topic(s) of interest

<input type="checkbox"/> Canada's Food Guide to Healthy Eating <input type="checkbox"/> Low fat cooking <input type="checkbox"/> Healthy Eating on a Budget <input type="checkbox"/> Menu Planning <input type="checkbox"/> Vegetables and Fruit Every Day <input type="checkbox"/> Cooking Basics for Kids <input type="checkbox"/> Baby Food Making	<input type="checkbox"/> Food Safety <input type="checkbox"/> Handwashing <input type="checkbox"/> Label Reading <input type="checkbox"/> Quick and Easy Meals <input type="checkbox"/> Cooking for one or Two <input type="checkbox"/> Other (Specify): _____
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Number of people expected? _____
Age Range Children (<13yrs) Teens(<19yrs) Adults Older Adults (65+) Mixed Ages

Other Characteristics (check all that apply) <input type="checkbox"/> Females only <input type="checkbox"/> Low income <input type="checkbox"/> Other: <input type="checkbox"/> Males only <input type="checkbox"/> General population <input type="checkbox"/> Club members <input type="checkbox"/> School group <input type="checkbox"/> Mothers <input type="checkbox"/> Single parents <input type="checkbox"/> Ethnic Group _____	Any Special Needs(check all that apply) <input type="checkbox"/> Visual _____ <input type="checkbox"/> Hearing _____ <input type="checkbox"/> Physical _____ <input type="checkbox"/> Literacy _____ <input type="checkbox"/> Food Allergies _____ <input type="checkbox"/> Other _____
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Overhead projector <input type="checkbox"/> Yes <input type="checkbox"/> No Flip Chart <input type="checkbox"/> Yes <input type="checkbox"/> No Photocopier <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Cooking Utensils <input type="checkbox"/> Yes <input type="checkbox"/> No Cooking Equip <input type="checkbox"/> Yes <input type="checkbox"/> No Plug-ins/extensions <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen sink <input type="checkbox"/> Yes <input type="checkbox"/> No Hot and cold running water <input type="checkbox"/> Yes <input type="checkbox"/> No Long Tables <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do you anticipate food or material costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your budget limit? \$ _____</p> <p>Other information: _____</p> <p>_____</p>
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Thank you! Please remember to return promptly to contact noted above.

