Food Bank Appointment Booking Authorization

Use this form to authorize one or more people such as a support worker, family member, or caregiver to contact Harvest Manitoba on your behalf to book or reschedule food bank appointments, or to update your personal information on file. Once this form is received, a note will be placed on your file confirming your consent.

SECTION 1 — CLIENT INFORMATION

Client Full Name

Phone Number

Email

Client ID — check ONE and enter the number below:

- ☐ 6-digit Manitoba Health Card Number
- ☐ 7-digit Student ID Number
- ☐ Other

ID Number

SECTION 2 — AUTHORIZED REPRESENTATIVE(S)

I authorize the following person(s) or organization to contact Harvest Manitoba on my behalf. You may list up to three people or organization:

1. Full Name | **Relationship (e.g. support worker, family)**

2. Full Name | **Relationship**

3. Full Name | **Relationship**

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SECTION 3 — PERMISSIONS GRANTED

Check all actions the authorized person(s) above are permitted to perform:

- ☐ Book or reschedule a food bank appointment by email, phone, or online.
- ☐ Update my personal information on file with Harvest Manitoba

SECTION 4 — AUTHORIZATION PERIOD

This authorization is valid from the date signed until:

Expiry Date (MM/DD/YYYY) — maximum 24 months

To cancel this authorization at any time, contact Harvest Manitoba:

Email: *appointments@harvestmanitoba.ca*

Phone: 204-982-3671

If you cancel and later wish to re-authorize someone, a new form must be completed and submitted.

SECTION 5 — CLIENT SIGNATURE

By signing below, I confirm that I understand and agree to the terms of this authorization. I give consent for the person(s) listed above to act on my behalf as described, and I acknowledge that I may withdraw this consent at any time by contacting Harvest Manitoba.

Client Signature

Date (MM/DD/YYYY)

HOW TO SUBMIT THIS FORM:

Email: ***appointments@harvestmanitoba.ca***
Fax: 204-775-4180
Mail: Harvest Manitoba, 1085 Winnipeg Ave., Winnipeg, MB R3E 0S2