

# The New Mom Project Application

*moms supporting moms*

Date: \_\_\_\_\_

## Referred By

Referring Agent: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_

Address (if homeless, list shelter address): \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

Do you speak English?  YES  NO

Date of Birth: \_\_\_\_\_

## Status & ID

Check the status that applies

Status in Canada: Citizen, or Permanent Resident/Landed Immigrant

Refugee Claimant

Convention Refugee

No status in Canada

Other \_\_\_\_\_

*\* Attach a copy of (1) piece of government issued identification (front and back) with application*

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## Financial Eligibility

What is your family's monthly income? \_\_\_\_\_ Number of family members per household: \_\_\_\_\_

Source of Income (check all that apply):

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Employment Insurance (EI)
- Employment
- Ontario Student Assistance Program (OSAP)
- Other \_\_\_\_\_

*\* Attach a copy of proof of income with application (only eligible low income individuals/families qualify for assistance)*

**Canadian Baby Bundle** (please indicate):  GIRL  BOY or  NEUTRAL

Due Date: \_\_\_\_\_

If your baby is already born, please indicate what size clothing they are currently wearing

- 0-3months  3-6months  6-9months or  12-18months

After Request for Additional Items or other comments\* – Add Delivery Address (if different from above)

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*\*Additional items are not always available, however we try to fill the requests to the best of our ability. You may be offered alternative items that are similar to those requested if we do not have what you have asked for. Our items come from donations and are checked for safety and against recalls. However it is the client's responsibility to ensure that they put together the items properly and use all safety features (eg. harnesses or safety belts.)*

*In accordance with government regulations, The New Mom Project is required to collect, use and disclose personal information about our applicants. Your personal information will be de-identified before it is disclosed.*

*I confirm that I have read and understand this form and consent to the collection, use and disclosure of personal information as described in this form.*

*I have done my best to ensure that the information provided in this application is correct.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

please submit completed form to [referrals@newmomproject.ca](mailto:referrals@newmomproject.ca)

