

*Badlands*  
**ElderCare**  
**REAL FOOD**  
Drumheller Senior's Meal Program



# Feeding it forward

To Whom it may concern;

I my opinion \_\_\_\_\_ of \_\_\_\_\_  
(name of applicant) (city, prov)

Is experiencing food insecurity.

Valid until \_\_\_\_\_

for the forseen future

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

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

(organization)

I, \_\_\_\_\_ authorize the release of my personal information to the above mentioned organization in regards to my participation in the REALfood program.

Signature: \_\_\_\_\_

(applicant)