**Healthy Dinner Program Registration **

Name/ Nom

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Email

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Phone/ Tele

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Address

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**If you are filling on behalf ofanother please fill below /Si vous remplissez au nom d'un autre, veuillez remplir ci-dessous :**

Name /Nom -----------------------------------------------------------------------------------------------------------------

Phone /Tele -----------------------------------------------------------------------------------------------------------------

Email: -------------------------------------------------------------------------------------------------------------------------

**Reason for Meal program request/ Raison de la demande de programme de repas :**

1. low income or no income/ faible revenu ou pas de revenu
2. Physical disability/ Handicap physique
3. Senior/ Sénior
4. Single Parent/ Single Parent
5. Medical reason/ Raison médicale
6. Other/ Autres

**How did you hear about Dream center Healthy meals program?/ Comment avez-vous entendu parler du programme de repas sains Dream center?**

1. Friend/ Ami(e)
2. Family/ Famille
3. Online/ Enligne
4. Other/ Autres

**Preferred language/ Langue préférée**

1. English/ Anglais
2. French/ Francais

**Commentary / Commentaire**

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**Disclaimer: Filling out this application form does not automatically approve your eligibility. A representative from the Dorion Dream Center will be contacting you for more details. / Avis de non-responsabilité : remplir ce formulaire de demande n'approuve pas automatiquement votre admissibilité. Un représentant du Dorion Dream Center communiquera avec vous pour plus de détails.**

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**450-455-4532**