

Shopping Your Way  
Let us know what you need.

We will shop for you.



West Parry Sound District  
**Community  
Support Services**

21 Belvedere  
Avenue  
Parry Sound, ON  
P2A 2A2  
PH: 705-746-5602



Call:  
705-746-5602

### **Who is eligible?**

Individuals 65 years of age and older who are not able to shop due to an illness, disability and or isolation.

As easy as.....

1. Call our office to apply 705-746-5602.
2. We will ask you to complete an application.
3. Make a descriptive shopping list of your needs.
4. A volunteer will shop for you and deliver the groceries to you.
5. Our office will record the request, the purchase and invoice you.
6. You will be charged the full amount for the groceries purchased and for the grocery delivery.



### Shopping Your Way Application

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

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth (M/D/Y): \_\_\_\_\_ Gender: \_\_\_\_\_

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

Home phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Driving instructions and household access: \_\_\_\_\_

Do you live alone? Yes or no, if no, with whom \_\_\_\_\_  
Name and or relationship

Are you able to answer your door? <input type="checkbox"/> Yes <input type="checkbox"/> No, I prefer not to answer the door	Are you able to manage over the weekend: <input type="checkbox"/> Yes <input type="checkbox"/> No, I need a meal supplement
Are you able to shop for Groceries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to read letter-sized instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a Freezer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a microwave? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**\*Special Diets (Puree, minced, gluten) a minimum of 12 must be ordered and paid for in advance.**

**Shopping Your Way**

- Are you able to provide a list? Yes or No
- Where do you normally shop? No Frill, Sobeys, Walmart or other: \_\_\_\_\_
- When would you like to shop and how often? \_\_\_\_\_  
\_\_\_\_\_
- Do you use No Frills on-line shopping and need someone to pick up the groceries you order?  
\_\_\_\_\_ Yes, please arrange my delivery from No Frills

**Emergency Information Primary Contact:**

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

Relationship: \_\_\_\_\_

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

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

**2<sup>nd</sup> Contact**

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

Relationship: \_\_\_\_\_

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

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

**Billing Contact if different than delivery address:**

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

Relationship: \_\_\_\_\_

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

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

**3<sup>rd</sup> Referral by Family, Friend, Professional?**

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

Relationship: \_\_\_\_\_

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

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

### Who Is Eligible For the Guaranteed Annual Income System (GAINS) Program?

To be eligible for the GAINS program, you must meet the following criteria:

- Be at least 65 years old or older
- Lived in Ontario for the past year or a total of 20 years since the age of 18
- Have been a Canadian resident for at least ten years
- Receive OAS pension and GIS benefits
- Earn a private income (i.e. private pension, [Canada Pension Plan](#) (CPP), bank interest, etc.) of no more than \$1,992 if you're single or more than \$3,984 if you're married or in a common-law relationship

To be eligible for GIS, you must receive GAINS:

- I receive GAINS
- I receive a Guaranteed income supplement for seniors (GIS)

### Agreement / Privacy Form (West Parry Sound District Community Support Services, known as CSS)

CSS must collect and record some of your personal information to provide the best possible service. Any information you provide will be treated confidentially. CSS will not disclose your personal information to anyone without your consent. If you are receiving support services, your personal information may be shared with other support workers and volunteers so that the best advice and support available can be provided. All client information is respected, protected, and privately maintained, and only required information is released to serve the client safely and responsibly. I have read and understood the agreement and agree to the program's parameters. I permit CSS to release information about my situation to other long-term care agencies, service partners, acute care services, purchased services and volunteers to enable them to assist me better.

Please read, sign and return this page along with the application.

#### Liability

CSS requires that you release their volunteer or agents from any liability or responsibility for any damages or injuries suffered from any cause whatsoever. I have read, or someone read to me and understand the agreement, liability, release of privacy and the frequently asked questions, and agree to the parameters of the program(s). I give Community Support Services permission to release information about my situation to other long-term care agencies, service partners, acute care services, purchased services and volunteers to enable them to assist me better.

<b>Client Name</b> (print):	<b>DOB:</b> (M/D/Y)
<b>Client Signature:</b>	<b>Application Date:</b> (M/D/Y)

**\*If the client is unable to sign, the name of the Substitute Decision Maker (SDM)**

<b>SDM Name</b> (print):	<b>Relationship to Client:</b>
<b>Signature:</b>	<b>Date Signed:</b> (M/D/Y)

## CSS SHOPPING YOUR WAY LIST

**CLIENT NAME & NUMBER:**

**DATE OF WHEN YOU WOULD LIKE IT DELIVERED AND TIME:**

**NAME OF STORE YOU WOULD LIKE US TO SHOP:**

**SCENE CARD at CHECKOUT if you have:**

**RE: Shoppers:** Call client if there is an item not available on their list.

Please speak to the supervisor at checkout and mention who you are shopping for and tell them the code Sobeys1234,so you have access to use client's card.  
Thank you.

**\*Please be specific of item and brand name of foods, so we can fulfill your order as requested. Thank you 😊**

### Produce (Vegetables)

Amount (Example: 1,2,3..)	Brand and Item Description (Example: Ice burg lettuce, organic, Andy Boy romaine lettuce)

**Breads/Baked Goods/ Cereals**

Amount (Example: 1,2,3..)	Brand and Item Description (Example: Dempsters 100% whole grain bread, Wonder white bread , Kelloggs frosted flakes)

**Meats – cold cut, steak, ground beef, chicken...**

Amount (Example: 1,2,3..)	Brand and Item Description (Example: Sterling Silver hand crafted AA beef, Compliments etc..)

**Dairy – milk, cheese, eggs, butter, yogurt...**

Amount (Example: 1,2,3..)	Brand and Item Description (Example: Compliments, Cracker Barrel old cheddar cheese, Becel unsalted butter etc...)

## Frozen Food

Amount (Example: 1,2,3..)	Brand and Item Description (Example: Janes chicken fingers, Dr. Oetker deluxe pizza etc...)

## Canned Foods

Amount (Example: 1,2,3..)	Brand and Item Description (Example: Bick's Whole Pickles, 1L Frank's hot sauce etc...)

## Other (Granola bar, candy, pasta, chips, laundry supplies, oatmeal)

Amount (Example: 1,2,3..)	Item and Description (Example: Nature Valley, KD, Old Dutch, Humpty Dumpty, Tide pods cold water, etc...)