

**Please confirm that the client has given consent for you to pass on their details. WE CANNOT ACCEPT THE REFERRAL UNLESS WE HAVE THIS CONSENT:**

**Your Name, Organisation and Contact number**

**Name of Client
Client’s Address**

**Client’s Phone number**

**Number of adults Number of children**

**Referred for** (please tick one)
Debts/Arrears
Benefit change
Benefit delay
Benefit sanction
Low Income
Child holiday meals
Fleeing domestic violence
Homeless
Immigration status problems/not eligible for benefits
Illness/medical
Substance misuse
Redundancy
Other

**Has the client had a recent benefit check?**

**Has the client applied for the Household Support Fund?**

**How many weeks food do you recommend?** 1 2 3
(please tick or circle one)

**Is the problem likely to persist for more than three weeks**? Yes No
*(we will contact you again after three weeks to ask you to re-refer the client)*

**Any dietary needs (*e.g.* vegetarian, Halal)? Or anything else we should know?**

Our collection sessions are in Jordanthorpe on Tuesday mornings and in Lowedges on Thursday afternoons.

**Is the client able to collect the food or is a delivery needed? *(we have limited capacity to deliver food parcels)***

**Please email this form to** **referrals@gracefoodbanksheffield.org.uk****. Or you can refer by phone to 07580516512**