**Client Referral Form**

**DO YOU HAVE THE CLIENT’S CONSENT TO MAKE THE REFERRAL?**

**(If you do not say YES at this point, we cannot proceed with the referral.)**

**CLIENT DETAILS**

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| **First name:**  **Family name (surname):** | **Numbers in household**  **Adults (all people over the age of 18)**  **Children**  **Ages of children (if any)**  **Are nappies needed? (please state size)**  **Ethnicity:**  **Disability (Yes or no):**  **Pets (please delete any that don’t apply)**  **Dog Cat Other (please state** |
| **Home address:**  **Postcode:**  **Tel:** |

**Cooking Facilities / Dietary Requirements**

**COOKING FACILITIES** *(Delete any that do not apply)*

**Microwave Hob Oven Kettle None**

**DIETARY REQUIREMENTS**

**e.g. Halal? Diabetic? Gluten Free? Other (please specify)**

**Referral Partner’s Details** *(if all this information is in your email signature, you don’t need to fill this bit in.*

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| **Name of person making referral:** |
| **Contact telephone number:** |
| **Name of organisation:** |

**Reason for Referral**

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| **(Please delete any that don’t apply or highlight the ones that do apply)**  Benefit Sanction  Low income/cost of living  New UC claim  Illness/medical  Disability  Debts/arrears  School holiday hunger  Deductions from benefits  Substance Abuse  Fleeing domestic abuse  Immigration Status/No recourse to Public Funds  Redundancy  Other (Please give more details) |

**Box 4 – Arrangements for food parcel**

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| **How many weeks food do you recommend? (we will give food for up to 4 weeks on one referral)**  **Is the problem likely to last for longer than 4 weeks? (Yes/No)**  **(Please contact us to re-refer the client after 4 weeks if necessary. We will ask what advice has been given or action taken to address the underlying issues. We may ask the client to see our Citizen’s Advice worker for further support).**  **Our foodbank sessions are in Jordanthorpe on Tuesday mornings and Lowedges. Is the client able to collect the food in person or do they need a delivery? (We have limited capacity to deliver parcels).**  **Are there any risk factors for other clients, volunteers or foodbank staff?** |

**PRIVACY NOTICE –.** *We will keep your contact details as a referrer, and the client’s details, for up to 5 years as outlined below.*

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| Grace Food Bank will hold your personal information in order to process your application for practical assistance because of our legitimate interest to ensure that our criteria for accessing practical aid are met. We may share this information with other agencies who distribute assistance as part of the same scheme. We will keep this information for up to five years. You have a right to a copy of information we hold about you, and in some circumstances to have it amended or deleted and to withdraw consent. For this and to raise any queries on how your information is handled please speak to the person responsible for administering your food parcel. If you are not happy with how this has been handled, please contact a member of the Board of Trustees at office@gracefoodbanksheffield.org.uk or the address below. If you are still not happy you may raise concerns with the Information Commissioner’s Office. |