Kington Foodbank Referral Form

Please complete this form and give it to the client to bring to Kington Foodbank, together with proof of identity where possible. For any questions and electronic submission, email: info@kingtonfoodbank.org.uk.

Client Information:

Name	
Name of 2nd Adult	
Address & Postcode	
Contact telephone number	
Email address	

Proof of Identity seen:

Household Information:

Number of Adults (18+)	
Number of Children ➢ List Dates of Birth	
Pets (Species/ Number)	

Referral Information:

Employment Status	Reason for Crisis (tick all that apply)
Working	New benefit claim/ delay
Unemployed	Benefit change/ sanctions
Not fit for work	Ill health/ disability
Retired	Budgeting
Student	Low Income/ Debt management issues
Carer	Homeless/ temporary accommodation

Evidence of Benefits/ income seen:

Practical Needs:

- Can the client collect food? Yes/ No
- If no, is delivery and option? Yes/ No
- Are there any accessibility issues?

Comments:

Food Requirements:

Any food allergies?	
Any medical dietary requirements?	
Any religious/ cultural restrictions?	
Vegetarian/ Vegan?	

Referral Agency:

Issuing Agency	
Referrer's name/ Role	
Contact details	

Consent:

I confirm that the client named above is aware of this referral.
The client consents to their information being shared with and stored in line with GDPR guidelines by the food bank for the purpose of receiving support.

Date Completed: **Signed:**