**Referral Form**

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| **Client Information** | | | | | | | | | | | | | | | | |
| **Client name:** | |  | | | | | | **No of adults:** | | |  | **No of children:** | | | |  |
| **Client address:** | |  | | | | | | | | | |
| **Referring org:** | |  | | | | | | **Staff name:** | | |  | | | | | |
| **Foodbank session:**  *Enter the location [first box] and date [second box – DD/MM/YYYY] of the Foodbank session client will attend.* | | | | | |  | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Referral Information** | | | | | | | | | | | | | | | | |
| **Has the client been referred previously?** | | | | |  | | **Has client applied for Crisis Grant?** | | | | | | |  | | |
| **Date of last referral**  *If client has attended previously please enter date that voucher was issued [DD/MM/YYYY]* | | | | |  | | **Crisis grant details**  *If client has not applied for a CSG please give details of the reason for this. If a CSG has been applied for please detail whether this was successful, and the date.* | | | | | | |  | | |
| **Nature of crisis:** |  | | | | | | **Details of support received:**  *Please detail the support your service is providing to the client, and details of any advice/support they have obtained elsewhere.* | | | | | | | |  | |
| **‘Other’ reason:** |  | | | | | |
| **Details of crisis:**  *NB: if in relation to a cut or delay in benefits please be specific about the type of benefit, reasons for delay or suspension, and dates.* | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Terms & Conditions**  *By ticking these boxes you confirm that all off the below actions have been taken.* | | | | | | | | | | | | | | | | |
| Client has been informed that their information will be shared with First Love Foundation and partner organisations of the Advice & Support Project | | | | | | | | | | | | | | | |  |
| Client has been informed that Food Bank vouchers cannot be given or sold to a third party, under any circumstances | | | | | | | | | | | | | | | |  |
| Client has been informed that food obtained from the Food Bank cannot be given or sold to a third party, under any circumstances | | | | | | | | | | | | | | | |  |
| Client has been informed that they must bring ID and their voucher to the Foodbank, along with any relevant paperwork (i.e. letters relating to benefits / income) | | | | | | | | | | | | | | | |  |
| Client has been advised to bring a trolley or case to carry heavy food | | | | | | | | | | | | | | | |  |
| Client understands, and is in agreement with the above | | | | | | | | | | | | | | | |  |
| **E-mail this completed form to** [**distributor@firstlovefoundation.org.uk**](mailto:distributor@firstlovefoundation.org.uk)**. Once the referral is assessed you will receive an e-mail with a voucher code and instructions to pass on to your client.**  **If you have any questions please telephone 020 3069 9877** | | | | | | | | | | | | | | | |  |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | |
| Referral form reviewed: | | |  | Sent to ELPM: | |  | | | Voucher No: |  | | | Signed off by: | | |  |



Tower Hamlets Foodbank is coordinated by First Love Foundation

Registered Charity in England and Wales | Charity Number: 1137819

First Love Foundation, C18 Poplar Business Park, 10 Prestons Road, London, E14 9RL

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