**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.*  |             |
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| **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.* |       |
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| **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****. 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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