**** **Food Pack Referral Form Jan 2025**\*

**Please ensure this form is fully completed to assist us in getting support to your clients in a timely manner.
All our parcels are delivered unless you wish to collect yourself and deliver to your client.
We only pack & deliver to clients in Surrey Heath (excluding Bisley & West End – who have their own foodbank).**

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| **Please confirm that you have obtained client consent for personal data to be passed to us \*\*** | **Y/N** | **If unemployed the client is actively seeking employment or is in receipt of Incapacity Benefits** | **Y/NN/A** |
| **I confirm that in making this referral, the client is actively engaging in /receiving support to resolve their financial issues (Citizens Advice/Frontline Debt & Benefit Advice or other Financial Advice Service)** | **Y/N** | **I/we recognise that food parcels are only a temporary solution & we are working with the client to resolve the underlying issues causing their inability to afford enough food** | **Y/N** |
| **If the household is all adults & has access to transport I/we have considered obtaining Trussell Trust Vouchers**  | **Y/NN/A** | **If the client has incurred an unexpected expense, we have considered applying for a grant from Frimley Fuel Allotment (GU15/16 only)** | **Y/NN/A** |

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| **CLIENT NAME(S):**  | **Date:**  |
| **Address:** *(to help us pack appropriately please check if accommodation is up a flight of stairs)* | **Postcode:**  |
| **Referred by (name):**  | **Client Phone No:**  |
| **Organisation:**  | **Referrer Phone No:**  |
| **Number of Adults:**  | **Number of Children, Gender & Ages:** **Nappy Size if appropriate:** |
| **Number of Parcels requested: (1 or 2 or 3 or 4)  (Delete as applicable 🡹)** Please note that Food Packs may be requested up to a **maximum for 4** parcels per referral. We then ask that the situation is reassessed and rereferred for up to four parcels at a time if longer support is needed up to a maximum of 12 parcels in 12 months. **(1 parcel contains 3-4 days food)** | **Special Instructions:** *Allergies or special dietary requirements (Gluten Free, Diabetic, Halal, etc.)Limited cooking facilities etc:* |
| **Parcel Frequency: Weekly/ Fortnightly/ Monthly (Delete as applicable 🡹)** Please consider if fortnightly or monthly frequency is more appropriate in this situation to ensure that clients do not become dependent on our service. |
| **Please state a brief reason for making this referral:** |

**Please email this back to** **camberleybesom@googlemail.com** **when completed
If you have any queries our Telephone no. during operational hours is 07527 396683.
Our office is manned: 8:30am to 12:30pm Monday, Tuesday, Thursday & Friday
*\*\* We will only use the information disclosed for the purposes of fulfilling this referral and will not be passed on to any third party.***

*\*small revision 05/04/2025*