



Client Information Form for Self-Referral

Date: _____ Box Size: _____

Full Name			Date of Birth
Address			Postcode
Contact No.			
No. in Household	Adults		Children (inc Ages)
Reason for requiring food box	i.e. Low income / Benefits / Isolation – the more info given will support the agency in supporting you.		
Employment Status			
Support Plan in place	Yes or No	Are you currently under any Agencies? If yes who	
Other Info			
Consent	<p>I hereby give my consent for the details above to be shared with the CAB or another appropriate local Agency, in order to access further support as required for my situation. I also give consent for that agency to contact me by any means given above.</p> <p>I understand that my data will be IAW the Data Protection act 2018:</p> <p>Sign /Date:</p> <p>Foodbank lead: If referral taken over the phone state 'phone/email referral and date'</p>		
OFFICIAL FOODBANK USE:			
Name of lead accepting the form or filling the form out		Date	
Name of Agency Client has been referred onto. (Coordinator to Complete)		Date	

This form is to be forwarded to the Foodbank Coordinator immediately following each session.