

**Please confirm that the client has given consent for you to pass on their details. WE CANNOT ACCEPT THE REFERRAL UNLESS WE HAVE THIS CONSENT:**

**Your Name, Organisation and Contact number**

**Name of Client  
Client’s Address**

**Client’s Phone number**

**Number of adults Number of children**

**Referred for** (please tick one)   
Debts/Arrears  
Benefit change   
Benefit delay   
Benefit sanction  
Low Income  
Child holiday meals   
Fleeing domestic violence   
Homeless  
Immigration status problems/not eligible for benefits   
Illness/medical   
Substance misuse   
Redundancy  
Other

**Has the client had a recent benefit check?**

**Has the client applied for the Household Support Fund?**

**How many weeks food do you recommend?** 1 2 3  
(please tick or circle one)

**Is the problem likely to persist for more than three weeks**? Yes No  
*(we will contact you again after three weeks to ask you to re-refer the client)*

**Any dietary needs (*e.g.* vegetarian, Halal)? Or anything else we should know?**

Our collection sessions are in Jordanthorpe on Tuesday mornings and in Lowedges on Thursday afternoons.

**Is the client able to collect the food or is a delivery needed? *(we have limited capacity to deliver food parcels)***

**Please email this form to** [**referrals@gracefoodbanksheffield.org.uk**](mailto:referrals@gracefoodbanksheffield.org.uk)**. Or you can refer by phone to 07580516512**