**Food Bank Referral Form**

**Food Bank Referral Form**

**Please send as an email attachment to COVID-19@cahn.org.uk**

**\*Details of the person needing a food parcel\***

|  |  |
| --- | --- |
| Full Name |  |
| Address (Including postcode) |  |
| Contact number |  |
| Number of adults in household |  |

**\*Please give as much appropriate information as possible\***

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| 1. Gender and ages of children in household? If yes, please state.
 |  |  |
| 1. Are full cooking facilities available? If yes, please state which ones. E.g. Cooker, Microwave, Kettle etc.
 |  |  |
| 1. Any special dietary needs? If yes, please state which ones.
 |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Any food allergies? If yes, please state which ones.

 |  |  |
| 1. Reason food bank help is needed:-
 |

**\*Details of the Referrer\***

|  |  |
| --- | --- |
| Date of Referral (voucher must be used within one week of this date) |  |
| Referrer's name (printed) |  |
| Organisation’s name  |  |
| Organisation’s Address (Including postcode) |  |
| Referrer’s contact number |  |
| Referrer's email address |  |

**Our Address:-**

**Caribbean & African Health Network**

**Transformation Community Resource Centre**

**1st Floor, Richmond House**

**11 Richmond Grove**

**Manchester**

**M13 0LN**

**Call/Text: 07710 022382**