

**Food Bank Referral Form**

**Referrers please print off, complete, sign and give to client to bring to food bank (with their ID – see bottom of form)**

**OR send as an email attachment to referrals@ardwickandlongsightfoodbank.org.uk**

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| **Details of person(s) needing a food parcel. Please give as much appropriate info as possible.**  |
| Full Name of client attending food bank |  |
| Address(including postcode) |  |
| Contact number |  |
| Number of **other** **dependent** adults in household |  |
| Gender and ages of children in household (if any) | 1 23 45 6 |
| Are full cooking facilities available?Any special dietary needs?Any food allergies? | Circle what isavailable  |  cooker / microwave / kettle / no facilities |
|  |
|  |
| **Reasons food bank help is needed:**  |
| **Details of the Referrer** |
| Referrer’s name (printed) |  |
| Organisation name and address |  |
| Referrer’s contact number |  |
| Referrer’s email address |  |
| Date of Referral |  **VOUCHER MUST BE USED WITHIN ONE WEEK OF THIS DATE** |
| Referrer’s signature |  |

**Please bring this form plus some form of recent ID showing address**, to

Ardwick and Longsight Food Bank,

Transformation Community Resource Centre,

11 Richmond Grove, Longsight M13 0LN (Behind Longsight Police Station)

Tel: 0161 273 3977 when open. Also messages: 07853 553732

ardwickandlongsightfoodbank.org.uk

**OPEN MONDAYS 1-3pm, THURSDAYS 2-4pm (closed Bank Holidays).**