

**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 2  3 4  5 6 | |
| Are full cooking facilities available?  Any special dietary needs?  Any food allergies? | Circle what is  available | 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).**