

Whitefoot & Downham

Community Food + Project

**Form 1 – Part 1**

**Initial referral Self-referral Re-referral (ISR Form)**

*(Please circle the one that applies)*

**To be completed by the referrer for the person requiring food and community support.**

**The applicant will need to bring this completed form with them to the project, please keep a copy for your records.**

**If this is a self –referral, please complete areas with Asterix \***

|  |  |
| --- | --- |
| *\*Date* |  |
| *\*Name* |  |
| *\*Address* | *Post Code* |
| *\*Tel no.* |  |
| *\*Mobile no.* |  |
| *\*Email address* |  |
| *\*Name of dependents* |  |
| *\*Age of dependants* |  |
| *Have you assessed this visitor for food support? Yes No*  *What proof of ID has been seen?* | |
| *\*Please confirm proof and circle or tick the reasons that apply:*  *Benefit changes or delay Money management/debt*  *No recourse to public funds*  *Other, please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *What support is currently being offered to this person and/or their family?* | |
| *Have you referred them to other organisation(s) for support? Yes No*  *If Yes, who?* | |
| *\*Is this the first visit to a food bank Inc. for support? Yes No*  *If No please give details of previous support* | |
| *\*How many weeks will food support be needed? (Please circle below)*  *6 times 9 times 12 times*  *other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *\*Within this time the visitor is going to access/attend:****-***(these will match *Areas of Concerns/Personal Goals* in part two*)*  *1)*  *2)*  *3)* | |
| ***\*To the best of my knowledge the information I have given is a true and accurate account***  *Visitors Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *\*Please state ethnicity?* | |
| *Please tell us about you and your organisation**(if WDCFplus please state)* | |
| *Name of organisation* |  |
| *Your name* |  |
| *Your telephone number* |  |
| *Your email* |  |

Whitefoot & Downham Community Food + Project

Whitefoot Lane Christian Centre, 480 Whitefoot Lane, Downham BR1 5SF

Telephone: 020 8698 7945, MB: 07745 258 841 (Friday only)

Email: [**info@wdcfplus.org.uk**](mailto:info@wdcfplus.org.uk) Website: www.wdcfplus.org.uk

Open 7:00pm-8:30pm every Thursday

Whitefoot & Downham Community Food + Project is a voluntary organisation that relies on donations. If you would like to donate to the project please contact us, as any donation is gratefully received

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| *For WDCFplus use only Date seen at the Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Visitors Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |