



KNIGHTON & PRESTEIGNE FOODBANK

Working together to help the hungry and those in crisis in Knighton, Presteigne and East Radnor

TELEPHONE REFERRAL FORM (Contact: 07731 524 058)

Details of person requiring a food parcel *(Please give as much appropriate information as possible)*

Full name

Address

(inc. postcode)

Contact number

Date of birth *(or age)*

Names of other adults in household:

Names and ages of children in household:

Applicant has cooking facilities?

Special dietary needs?

Toiletries needed?

Any family pets?

Details of the referring agency

Referrers name

Agency name and address

Contact number

Email address

Supporting information

One-off crisis? Any additional information

Further food parcel to cover delay in support / benefits being in place?

Number of weeks required (if known)?

Are there any safeguarding issues we should be aware of? *(Please call if confidentiality is an issue.)*

Please confirm that the client has given verbal consent for their details to be passed to partner agencies if additional needs are identified.

Yes No

*Please return completed form as an **email** attachment. You can also **print** a copy for your own reference.*

BAPTIST CHURCH, NORTON STREET, KNIGHTON, POWYS

MANAGER: HELEN ANDERSON TEL: 07731 524 058 E: helen@knightonfoodbank.co.uk

www.knightonfoodbank.co.uk

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