



Client Name:

Referral Form

Brighton Food Bank is here to help both individuals and families who are experiencing financial crisis. In order to use our services, the client must fulfil the following criteria:

- Experiencing financial crisis
- Living within postcodes BN1 1-9, BN2 0/1/3/9 or BN3 1
- Access to cooking facilities, such as a microwave and a kettle

Once completed, please email the form to **foodbank@bhcm.org.uk**.

Client Information

Prefix

Name

Address

Phone No.

Email

Date of Birth

No. in Household Adults Children

Age/Gender of Children

Allergies/Dietary Requirements

Anxiety Sufferer (Y/N)

Accessibility Needs (Y/N)

Please list all benefits the client is in receipt of below:

Benefit	Amount(£)	Frequency(W/F/M/Y)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe the crisis, what solutions have been identified and the anticipated period (in weeks/months) the client will require support.

Referrer Information

Agency

Keyworker

Phone No.

Email

Date of Referral

Contacted a money advice service? (Y/N)

If so, which one?

Please list organisations supporting the client below:

Once the referral has been accepted the client will receive up to six appointments, if necessary.

The client can be re-referred three months after the last appointment date. Re-referrals will be considered in light of the current position and progress made by the client. There is a limit to the amount of clients that we can help at any one time and this will also be considered when processing re-referrals. New clients will be prioritised.