**SERVICE REFERRAL FOR EMERGENCY FOOD PROVISION (COVID-19)**

* Please complete the form in as much detail as possible
* Return the form to lwss@leeds.gov.uk as soon as possible after completion. This information will then be shared with local coordinators

**Date of Referral** (DD/MM/YYYY)       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **ORGANISATION / SERVICE**  |
| Referring Organisation/Service:       \_\_\_\_\_\_\_\_ Contact Name:       \_\_\_\_\_\_\_\_Contact Number**:**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ |
| **SERVICE USER** |
| First name(s):       Surname(s):       Address:       Postcode:       Contact Number:       Size of household:       Number of under 16’s in household:       Number of over 16’s in household:       Language(s):       Can we contact the person named above directly? [ ]  Yes [ ]  No If no, please provide a key contact (family member, friend, neighbour etc.): Contact Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number**:**       \_\_\_\_\_\_\_\_\_\_\_\_ Relationship:       \_  |
| **FOOD PROVISION**  |
| Are they accessing social care? [ ]  Yes [ ]  No [ ]  Don’t know Are they classified as one of the most vulnerable individuals? [ ]  Yes [ ]  No [ ]  Don’t know Are they self-isolating? [ ]  Yes [ ]  No Can they collect the food? [ ]  Yes [ ]  No Are they happy for food to be delivered? [ ]  Yes [ ]  No Do they have any allergies, dietary or cultural requirements? [ ]  Yes [ ]  NoIf yes, please give details:       \_Do they need fuel support? [ ]  Yes [ ]  No Do they need any additional support? (e.g., mental health, universal credit, etc.) [ ]  Yes [ ]  No If yes, please give details:       \_\_\_\_\_\_\_\_ \_ |

**Use of personal data**

**By completing this form, I agree that personal data relating to me, or the person who I have filled this form out on behalf of, may be held and processed on computer or manual records and may be disclosed to authorised employees of Leeds City Council and other organisations involved in the Emergency Food Support Service. I agree that these organisations can contact me, or the person named on the form, with regards to the provision of food and other services.**

**Health and Safety**

**We are operating under the highest form of hygiene standard practices within our warehouses and supply chains, and food packing areas are regularly deep cleaned. All hygiene standards are being followed.**