**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  No  If 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.**