

**MAIDSTONE DAY CENTRE, 15 KNIGHTRIDER STREET, MAIDSTONE KENT ME15 6LP**

**Tel .01622 674064** **manager@homelesscare.org.uk**

Supporting homeless and vulnerable people

**REFERRAL FORM**

**We only accept referrals from support services on the understanding that they are satisfied that the client’s need is genuine. The referring Agency is responsible to inform their client that although every care is taken when preparing the food parcel, dates, seals and packaging on the donated foods should be checked prior to use. We cannot guarantee that the food has been subject to 72 hours quarantine, so sanitising is recommended.**

**Maidstone Homeless Care Food Bank is not to be used to supplement weekly shopping for any reason,**

**but should be used at times of genuine crisis only.**

**Reason for referral (Please tick MAIN REASON only) :**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Universal Credit related** |  | **Low Income** |  | **Unemployed** |  | **Rough Sleeping** |  | **Domestic Violence** |  |



|  |
| --- |
| **Date of collection:**  **Preferred time of collection:**  **Vehicle to collect: Yes / No**  |
|  |
| **Name of agency referring: Tel:** |
|  |
| **Name of referred person: Tel:** |
|  |
| **How many adults in the family:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Male**  |  | **Female** |  |

 | **How many children:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Male**  |  | **Female** |  |

 | **Ages of children:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Male**  |  | **Female** |  |

 |
| **Dietary requirements:** | **Cooking facilities: Yes / No** | **Comments:** |
| **Other – please specify**  |

**Please be aware that the food parcels are heavy, a suitable method of carrying the food may be necessary.**

**We welcome donations of bags for use in the food bank.**