

Hitchin Food Provision *(Hamper Appeal Team)*

Referral Form – return to

foodprovision-hitchin@wilshere.herts.sch.uk

CRITERIA

- Hitchin Food Provision are hoping to provide support during the current Covid-19 crisis for as long as is feasible for families who have suddenly found themselves in financial difficult as a result of the crisis. This emergency provision is being organised by and supplied by charitable and volunteer groups. This is to help families who will struggle to provide food to their children during this difficult time.
- Referrals are for those who may need to rely on the Foodbank owing to the current circumstances of Covid-19. This does not replace the Foodbank provision.
- For families with school-aged (incl.pre-school) children living in Hitchin **NOT in receipt of Universal Credits/benefits.**
- The fast pace of the changing circumstances means we do not know how long this will go on for, therefore we want the support to be consistent and fair.

GDPR and Privacy Statement will be provided to those being referred.

PLEASE COMPLETE ALL SECTIONS IN FULL

| | | | |
|---|-----|---|-----|
| DATE of referral | | | |
| Full Name: | | | |
| Address | | | |
| | | | |
| School | | | |
| Reason for referral, please tick as appropriate. If none apply, please give brief reasons. | | | |
| Furloughed | y/n | Self-employed | y/n |
| Loss of employment (during COVID-19 crisis) | y/n | Reduction of hours (during Covid-19 crisis) | y/n |
| Qualify for FSM Entitlement | y/n | In Receipt of benefits/Universal Credits | y/n |
| Applied for Universal Credits | y/n | Date Universal Credits Started | |
| <i>This data (reasons for referral) may be used for monitoring purposes.</i> | | | |
| Number of Adults in household | | Number of Children in household | |
| Contact Number/s: | 1. | 2. | |
| Email (essential for e-voucher – if no email address we will arrange for a voucher to be posted) | | | |
| Supermarket (Sainsbury or ASDA) | | | |
| Please indicate with YES that you have read and understood the Privacy Statement dated April 2020. | | | |
| Referrer Details (please complete all sections) | | | |
| Organisation | | | |
| Name | | | |
| Contact Number | | | |
| Email | | | |

