**AAF FOOD BANK-PROFESSIONAL REQUEST FOR EMERGENCY FOOD SUPPORT**

*This referral qualifies the client for food for 4 weeks*

**Client details (please print clearly)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name:** |  | **Family name:** | |  |
| **Home address including postcode:** | | | | |
| **Home phone no:** |  | | **Mobile phone no:** |  |
| **Ethnicity:** | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Ages of children:** |  |  |  |  |  |   **Description of family:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Ages of adults:** |  |  |  |  |  | | | | | |
| **Does the client have a disability/illness?** YES **□** NO **□**  If yes, please give details: | | | | |
| **Why does the client need emergency food? (please tick)**  Debt **□** Refugee/asylum seeker □ Not eligible for benefits □ Fleeing domestic violence □ Unemployment □ Delay or change to benefits □ Other □ (please specify below) | | | | |

**Your details:**

|  |
| --- |
| **Full Name:** |
| **Direct tel. no.:** |
| **Email address:** |
| **Name of organisation:** |
| ***By signing below, you are confirming that, in your professional opinion, the client (and their family) would benefit from receiving emergency food support.***  **Signature: Date:** |