**Form completed by: Date:**

**Has consent been given by the prospective customer to make this referral:** Yes € No €

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | **Forename:** | | |
| **DOB:** | **Ethnicity:** | | |
| **Communication Needs:** | | | |
| **Address:**  **Postcode:** | | | **Telephone:**  **Alternative number:** |
| **NOK name:** | **NOK relationship:** | | |
| **NOK contact details:** | | | |
| **Referrer name and contact details:** | | **Contact person from Social Care/Community Team or G.P:** | |
| **How did customer/referrer hear about service?:** | | | |

|  |  |
| --- | --- |
| **Shopping service required:**  Limited period □  Regular on-going □  **Customer informed of**  Supermarket choice □  Membership □  Delivery charge □  **Payment Arrangements**  Customer – cash □  Customer – cheque □  Customer – card €  Third Party Payment:  Email address: | **Reason for referral:**  **How does the referred person currently shop for food?**  **Will the order normally be for more than one person at this address?**  **Allergies requiring Treatment with Epi pen:**  **Special Diet Requirements:** |
| **Preferred delivery day: Tuesday x Wednesday □**  **Access Arrangements:**  **Any pets in the property? Y/N**  **Known risks for the delivery volunteer associated with the referral:** | |

**Please return this form to Food2You**

**Email:** [Food2You@ageuklands.org.uk](mailto:Food2You@ageuklands.org.uk)

or

**Post:**

Caroline Hughes

Yalding Healthy Living Centre

95 Southwark Park Road

SE16 3TY

|  |  |
| --- | --- |
| **Office Use Only**  Assessment Complete No □ Yes □  VAT Exempt No □ Yes □  Entered onto CharityLog   Allocated to route   Welcome Pack sent out  | **First order date:**  **First delivery date:** |