**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

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:** |