|  |  |  |  |
| --- | --- | --- | --- |
|  | **Chingford Distribution**161 Chingford Mount RoadE4 8LT**Chingford Opening Times**Monday 11am - 11:30am | **Walthamstow Distribution**1A Jewel RoadE17 4QU | **Walthamstow Opening Times**Monday 6:30pm - 7:30pmWednesday 6:30pm - 7:30pmFriday 6:30pm - 7:30pm |
| **Please complete form in BLOCK CAPITALS or type.** |
| **Client First Name** |  | **Client Surname** |  |
| **Client Address** |  | **Client Telephone (mobile preferred)** |  |
| **No. Adults (in words)** |  |
| **No. Children (under 16 in words)** |  |
| **Children’s Ages** |  |
|  |
| **Referrer Name** |  | **Authorised Signatory** |  |
| **Referrer Organisation** |  |
| **Referrer Email Address** |  |
| **Referrer Telephone** |  | **Date** |  |
| **Reason for Emergency Food Referral (tick one box only)** |
| **Benefit Changes** |  | **Benefit Delay** |  | **Debt** |  | **Low Income/No recourse to public funds** |  |
| **Unemployed** |  | **Homeless** |  | **Domestic Violence** |  | **Sick** |  |
| **School Holidays** |  | **Salary Delay** |  | **Other** |  |  |  |
| **Age Group** |
| **16-24** |  | **25-34** |  | **35-44** |  | **45-54** |  | **55-64** |  | **65 & over** |  |
| **Data Protection Act 1998**: I agree that my information will be retained by Eat or Heat. My personal details will remain confidential to Eat or Heat unless a referral is made on my behalf and with my consent. I understand that Eat or Heat will not pass my personal information to organisations for marketing and sales purposesPlease email this form to referrals@eatorheat.org. Any questions call 0800 772 0212. Please do not send the client to us, we will contact the client with details of where and when to collect their food parcel.Registered Charity in England and Wales No.1154192 |