

**Emergency Food Support Referral**

Food Support Ripon and Boroughbridge provides emergency food parcels for people in crisis in Ripon, Boroughbridge and the surrounding area.

Each food parcel contains enough food for 5 - 7 days and contains non-perishable, nutritionally balanced food items.

We can take referrals for individuals, couples and families.

Referrals are accepted Monday – Thursday 9.30am – 2.30pm.

Referrals received outside of these times will be processed as soon as we can.

However, we cannot guarantee an immediate response.

Food parcels are available for collection Tuesdays and Thursdays via a booked appointment.

At present, we only accept referrals by email.

Email the form to [foodsupport@riponcommunityhouse.co.uk](mailto:foodsupport@riponcommunityhouse.co.uk)

Please note that, as this is an emergency service, we have a **limit of 3 parcels every 6 months**.

However, in exceptional circumstances, this limit can be reviewed.

This policy is to help us reach those most in need until other support can be found and established.

We assume that you will be working with anyone referred to ensure they are accessing relevant benefits and alternative means of support.

We are keen to ensure that people do not become dependent on food support.

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**Emergency Food Support Referral Form**

**Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referral from:** | **Name** |  | | |
| **Organisation / Agency** | |  | |
| **Organisation contact number** | |  | |
| **Permission obtained for data to be shared e.g. so that Ripon Community House can contact the person/family. This can be verbal – please tick if agreed** | | | |  |
| **Brief reason for referral** | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full names of all adults in the household (18+)** | |  | | | | | | | |
| **Number of children in household 0-16** (Under 18’s, no names/ages please) | |  | **Number of young adults in household 17-18** (Under 18’s, no names/ages please) | | | | | |  |
| **Are there any Safeguarding issues we should be aware of?** | |  | | | | | | | |
| **Contact number** | |  | | | | | | | |
| **Best time to contact** | |  | | | | **Call or Text** | |  | |
| **Full address + postcode** | |  | | | | | | | |
| **Parcel Collection – So we can pack the parcel accordingly will the client be collecting on foot or by car?** | | | | | | | |  | |
| **Any dietary requirements e.g. dislikes/allergies** | |  | | | | | | **We will try to accommodate these if we can** | |
| **Any specific shortage/requirement** | | Please give details - | | | | | |
| Other Essentials -   * Nappies (size) * Sanitary products * Toothbrush * Other …………………………………………………. | | | | | |
| **Cooking facilities** | Full Facilities | Kettle only | | | Microwave only | None | | | |
| **Storage Facilities** | Fridge | | | Freezer | | | None | | |

**For office use only:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date received |  | | Voucher number | |  | |
| Date issued | **1** |  | **2** |  | **3** |  |