|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **Client Name:** |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |
|  |  |  | *First Name* |  | *Surname* |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Address:** |  | Click or tap here to enter text. |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Postcode:** |  | Click or tap here to enter text. |  | **Phone number:** | Click or tap here to enter text. |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Date of Birth:** |  | Click or tap here to enter text. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **No. of household members:** |  | AdultsClick or tap here to enter text. |  | Children Click or tap here to enter text. |  |
|  |  |  |  |  |  |  |  |  |
|  | **Referring agency****name:** |  | Click or tap here to enter text. |  | **Agency contact No.** | Click or tap here to enter text. |  |
|  |  |  |  |  |  |  |  |  |
|  | **Community Café Gift Card Please tick Gift Card required:** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Brunswick Hub Chilled Goods |[ ]

|  |
| --- |
|  |

 |  | Small household Veg bag |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | Half a dozen eggs |[ ]   |  | Family Veg Bag |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | Dozen eggs |[ ]   |  | SYDNI Café meal and drink |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | **Please describe the nature of the crisis (Tick all that apply)** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Benefit Changes  |[ ]   |  | Benefit delays  |  |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | Low Income |[ ]   |  | Debt |  |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | Homeless |[ ]   |  | Delayed Wages |  |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | Sickness/Ill health |[ ]   |  | No recourse to Public funds |  |[ ]   |
|  |  |  |  |  |  |  |  |  |
|  | **Has the Coronavirus pandemic had a direct influence on the crisis?**  | Yes  |[ ]   |
|  |  |  |  |  |
|  | **Are you a serving member or ex-member of the armed forces?**  |  |  |  |
|  |  Yes  | [ ]  |  |  No | [ ]  |  |  Prefer not to say |[ ]   |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  | **Housing:**  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Homeless / no fixed abode  |[ ]   |  | Homeowner |[ ]   |  |
|  |  |  |  |  |  |  |  |  |
|  | Rented: WDC |[ ]   |  | Rented: Orbit |[ ]   |  |
|  |  |  |  |  |  |  |  |  |
|  | Rented: Other |[ ]   |  | Prefer not to say |[ ]   |  |
|  |  |  |  |  |  |  |  |  |
|  | Would the client like any additional support or signposting? Yes |[ ]   |  |
|  |  |  |  |  |  |  |  |  |
|  | **Preferred community hub for collection on Thursday:** |  |  |  |
|  | *(please note that this will also be the hub that will contact the client if additional support or signposting has been requested)* |  |
|  | Brunswick Hub |[ ]   |  | The SYDNI Centre |  | [ ]  |  |
|  |  |  |  |  |  |  |  |  |
|  | The Community Café Gift Card has no monetary value and should be redeemed within a week if possible. As community organisations we take data protection very seriously and your information will be stored on a secure database. We use this data anonymously for monitoring statistics relating to the project. Your information will only be shared by SYDNI or BHLC with the organisation that needs to redeem your gift card in order for them to issue the gift and perform their own anonymous monitoring reports. To help us to prevent misuse of the gift card food scheme, centres may share dates that you have used the service with some referrers and our partners.No information that would identify you as an individual will be shared or published without your specific consent unless we have a legal or safeguarding duty to do so.Please email this referral for to giftcards@sydni.org or take a copy of this form to your nearest community hub as listed below. |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Enquiries: SYDNI 01926 422071

Brunswick Hub 01926 422123



**Office Use:**

Contact date ……………………………………… Gift card number ……………………….. ……………….

Reg Form …………………………………………… Order taken …………………………………………………..

Collection date …………………………..……… Card reimbursed …………....................................