**Haddington Community Council Referral Form**

This form is intended for practitioners who wish to refer families or individuals for food support and / or clothing grants. As a condition of the funding receipts will need to be produced for the food and clothing grants.

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| Details of individual / family |  | Referral Agency Details |  |
| Name: |  | Name of referrer |  |
| Address: |  | Organisation name |  |
| Postcode: |  | Contact details |  |
| Telephone/ Mobile: |  | Have you sought individual / families consent for the referral? |  |
| Email: |  |  |  |
| Preferred method of contact: phone, text , email | Phone/text |  |  |
|  |  |  |  |
| Total number in household |  |  |  |
| No. of children in household |  | Ages of children |  |
| Do you require food vouchers? Please specify need |  | | |
| Do you require clothing grant? Please specify items needed |  | | |
| Reasons for referral  Please detail – | | | |
| Any other relevant information | | | |

Please return the completed referral form to Pat Lemmon [all@haddingtoncc.org.uk](mailto:all@haddingtoncc.org.uk) and for further information please contact Pat on the email address above.