

## MATAMATA COMMUNITY FOOD AND CLOTHING BANK

Name	DOB	
Partner	DOB	
Address		
Phone number	Ethnic	
Community Services card number		
Number of children / Ages / Gender		
Income type	Weekly Income	
Referred by:		
Have you had help from the food bank before	Yes/No	
Length of time assistance needed		
REASON		
Signed	Date	
Delivered by	Mileage	
Voucher number		

NEEDS: please let us know if there are any special dietary requirements

Cereal / Porridge	Soap powder
Milk	Sanitary items
Bread	Shampoo/deodorant/toothpaste
Flour	Toilet Rolls
Margarine	Baby food/milkpowder
Sugar	
Rice	
Spagetti	
Baked Beans	
Tea	
Coffee	
Milo	
Eggs	
Meat	
Vegetables / Potatoes	
Spreads: Marmite/Peanut butter/Jam/Honey	
Pasta / pasta sauce	
School snacks	
Tinned Fruit	
Noodles	
Biscuits	

I understand that the items I am willingly accepting from the Matamata Food and Clothing Bank have been donated to them and may be dented stock. I will not hold them liable once I have accepted them.

Signed \_\_\_\_\_ Date \_\_\_\_\_