



Referring Agency:
ID Sighted:
Date of referral:
Person/service completing this form:
Meat Supplied:

Matamata Foodbank referral form

CLIENT DETAILS:		Name:	
Address:	Phone:	DOB:	
Status: Single / Married / De Facto	Income Type:	Ethnicity:	
Accommodation Type:	Previous Food Parcels: Y <input type="checkbox"/> N <input type="checkbox"/>		
How did you hear about us: Budget Advice <input type="checkbox"/> Church <input type="checkbox"/> Family/Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Internet Search <input type="checkbox"/> WINZ <input type="checkbox"/> Other please state			
Are you: Walking / Driving / Biking	Do you have cooking facilities: Y <input type="checkbox"/> N <input type="checkbox"/>		
Do you have a Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dietary needs / allergies:		
Would you like a copy of our Whanau Cook Book: Y <input type="checkbox"/> N <input type="checkbox"/>			
PARTNER DETAILS:		Name:	
Phone:	DOB:		
Dietary needs / allergies:			

DEPENDENTS		
Age:	Gender:	Dietary needs, other needs, allergies

Terms:

- I/we agree to the Matamata Foodbank accessing information from the Matamata Budget service for the purpose of assessing eligibility for food parcels.
- I/we also acknowledge that the Matamata Foodbank will not be liable for any issues with the food provided once it has been handed to you and accepted.
- I/we understand that the Matamata Foodbank retains all client information on record for 2 years.

Client signature:	Date:
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