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

Matamata Foodbank referral form

CLIENT DETAILS:

Name: **Address:**

Phone: **Ethnicity:** **DOB:**

Status: Single / Married / De Facto **Income Type:**

Accommodation Type: **Previous Food Parcels:** Y ☐ N ☐

How did you hear about us: Budget Advice ☐ Church ☐ Family/Friend ☐ Facebook ☐

Internet Search ☐ WINZ ☐ Other please state

Are you: Walking / Driving / Biking **Do you have cooking facilities:** Y ☐ N ☐

Do you have a Dog ☐ Cat ☐ **Dietary needs / allergies:**

Would you like a copy of our Whanau Cook Book: Y ☐ N ☐

PARTNER DETAILS:

Name: **Phone:** **DOB:**

Dietary needs / allergies:

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

☐ I consent to you doing a referral on my/our behalf to Money Matas (Budget Advisory Service)

Terms of Food Provision:

- 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: