



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

Matamata Foodbank referral form

CLIENT DETAILS:

Full Name:

Address:

Phone:

Ethnicity:

DOB:

Status: Single / Married / De Facto

Income Type:

Accommodation Type:

Previous Food Parcels: Y ☐ N ☐

Are you: Walking / Driving / Biking

Do you have cooking facilities: Y ☐ N ☐

Do you have a Dog ☐ Cat ☐

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

PARTNER DETAILS:

Full Name:

Phone:

DOB:

YOU & YOUR PARTNERS - ALLERGIES / SPECIAL FOOD OR DIETARY NEEDS:

DEPENDENTS

Age:

Gender:

Dietary needs, other needs, allergies

BUDGET ADVISORY SERVICE:

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

TERMS OF FOOD PROVISION:

- I/we acknowledge that the Matamata Foodbank will not be liable for any issues with any food once it has been accepted by you. Items should be checked by you to ensure they are safe to consume. Items that require refrigeration or freezing should be done so as soon as possible and ultimately it is your responsibility to assess the suitability of any items to be re-frozen, re-refrigerated and/or consumed. All fruit and vegetables should be checked and washed by you before consuming.
- I/we understand that the Matamata Foodbank retains all client information on record for 2 years.

Client signature:

Date: