

# LEDBURY FOOD BANK (Registered Charity 1159727) VOUCHER (2017 vs. 1)

K/HOLDER INIT.

## REFERRER TO COMPLETE (items in bold are required)

|  |  |       |      |   |                         |  |  |
|--|--|-------|------|---|-------------------------|--|--|
| Date of issue:   | DAY  | MONTH | YEAR | Organisation Issuing Voucher:                 |                         |  |  |
|  |  |       |      |   | Name of issuer (PRINT): |  |  |
| Name of claimant:  |  |       |      | Issuer Tel:                                   |                         |  |  |
| Locality:  |  |       |      | Issuer Email:                                 |                         |  |  |
| Contact Number:  |  |       |      |   |                         |  |  |
| Issue (circle)?  | (1) Benefit delay (2) Benefit change (3) Low Income (4) Debt/Arrears (5) Health issue (6) Family issue (7) Other |       |      |   |                         |  |  |
| Comments:  |  |       |      |   |                         |  |  |
| How many family members on this voucher?                         |  |       |      | How many of these under 18?                   |                         |  |  |
| If there are other adults on this voucher, what are their names? |  |       |      |   |                         |  |  |
| Other needs?   |  |       |      | Next income / benefits expected (day, month)? |                         |  |  |
| Has the claimant attended the food bank before?                  |  |       |      | For how many weeks is food required?          |                         |  |  |

**NOTICE TO REFERRERS AND USERS: FOOD BANK IS INTENDED FOR SHORT TERM USE ONLY. FOOD BANK TRUSTEES RESERVE THE RIGHT TO REVIEW ANY APPLICATION FOR FOOD TO ENSURE APPROPRIATE USE OF THE SERVICE.**

**CLIENT DECLARATION:** I agree that this information will be shared between the organisation issuing this voucher and Ledbury Food Bank. The information is held securely and my personal details will not be shared with others.

INITIALS

**ISSUER DECLARATION:** I am reasonably satisfied that the client has a real and pressing need for food due to financial constraints.

INITIALS

## FOOD BANK USE ONLY (note number of weeks voucher has been issued for above)

| REGISTERED BY | DATE OF WELCOME NOTE / FOLLOW UP NOTES? | 1             | 2                | 3             | 4             | 5*            | 6*            |
|---------------|---|---------------|------------------|---------------|---------------|---------------|---------------|
| DATE/INITIALS | DATE/INITIALS                           | DATE/INITIALS | DATE/INITIALS    | DATE/INITIALS | DATE/INITIALS | DATE/INITIALS | DATE/INITIALS |
| Flag 1        | Flag 2                                  | Flag 3        | Date added to SL | REVIEW BY     | DATE          | New Voucher?  | USE BY        |
|               |   |               |                  |               |               |               |               |

## CLIENT INFORMATION



You can present this Voucher (all items in bold must be completed by the issuing organisation) at Ledbury Food Bank, St Katherine's Hall, Ledbury (3rd door on the left up the stairs) on Wednesday or Friday between 1000 and 1200 only. Food will be provided each week you visit for the number of people specified above (subject to availability and review). Volunteers are friendly and supportive and will try to help you whenever possible.

**CONTACT NUMBER FOR EMERGENCY ENQUIRIES: 07581 283092**