

GUIDANCE NOTES:
Under 65 Covid-19 Community Response Referral Form

This service is for people under the age of 65:

- who live alone without local support networks; **OR**
- who live with a partner/family member(s) who are self-isolating; **AND**
- are vulnerable (e.g. have a disability themselves; drug/alcohol addiction; at risk from domestic violence); **AND/OR**
- are facing financial hardship or recently unemployed.

Eligibility Check List

Question	Guidance
Do they live alone or with a partner/family member(s) who is/are also self-isolating, and without any local support networks which could bring supplies?	<i>If yes, proceed to next question.</i> <i>If no, then not eligible unless their situation changes.</i>
Can they afford to buy food but need assistance?	<i>If yes – there are a number of shopping services for vulnerable residents <u>not</u> experiencing financial hardship. These can be found by emailing health@kcsc.org.uk, or via the KCSC services helpline: 020 7243 9804.</i> <i>Alternatively, shopping services can be accessed via the Council's support hub: 020 7361 4326.</i> <i>If no, proceed to next question.</i>
Are they vulnerable or facing financial hardship? Are they: unemployed; in insecure employment; in receipt of Universal Credit or income support; awaiting their first benefits payment?	<i>If yes, please briefly describe the resident's financial circumstances and proceed to next question.</i> <i>If no, then please refer to the shopping services above.</i>
Are they unable to support themselves for any other reason?	<i>If yes, please explain.</i> <i>Note: this question does not determine eligibility for food support. Proceed to next question regardless of their response.</i>

If living with other family members - do they have children that require specific provisions e.g. milk/nappies?	<i>Please note that we may not be able to supply these items.</i>
Are they receiving help with food from any other foodbank, community group or organisation?	<p><i>If this help includes regular deliveries of food packages then residents are <u>not</u> eligible for this service. Please record the name of the organisation that is providing this help.</i></p> <p><i><u>If they are not currently receiving regular food packages from other organisations then they are eligible. Proceed to next question.</u></i></p>
Have they consented to the referral?	<p><i><u>If yes, please continue to make a referral.</u></i></p> <p><i>If no, please gain consent before proceeding. Verbal consent is currently sufficient.</i></p>

Please fill in the 'Referral details' below once: the section above is complete; the applicant has met the criteria; and the applicant has given consent.

Referral details

Full name of the person who requires food	<i>If a family, the full name of the main contact person.</i>
If a family – number of family members and their ages	<p><i>Age is necessary to determine the appropriate size of parcels.</i></p> <p><i>Note: anyone that is 65+ (i.e. 65 or over) should not be included, but referred to the Age UK service.</i></p>
Telephone number	<i>Please make sure this works.</i>
Full address including post code	
Name of referrer (and their organisation (if applicable))	
Telephone number and email of referrer	

Do they require food and basic essentials more than on a monthly basis?	<i>If yes, please note that a <u>new</u> referral must be submitted <u>each</u> time they require a parcel.</i>
Do they have any dietary requirements? Please specify if vegetarian, vegan or if they have any allergies (Note that we may not be able to respond to very specific individual requirements but we will aim to omit inappropriate items).	
Have they consented to their data being shared with relevant third parties?	<i>Residents <u>must</u> consent to their data being shared in order to allow information to be shared with the distribution centres making the parcel deliveries.</i>