**Voluntary Sector Food Shopping Covid-19 referral form**

**Eligibility Check List**

|  |  |
| --- | --- |
| Do they live alone or with a partner/family members who is/are also self-isolating, and without any local support network which could bring supplies. | If yes, proceed to next question. If no, then not eligible unless the situation changes |
| Are they in a vulnerable position? (eg have a disability themselves; drug/alcohol addiction; at risk from domestic violence; over 65) | If yes, proceed to next question. If no, then not eligible unless the situation changes |
| Is the person able to afford the food themselves (maximum order of £45) | If yes, proceed to next question. If no, then make referral to food parcel service through the RBKC Covid hub |
| Have they consented to their data being shared with relevant third parties? (see more detail at the end of the form) | Yes/No (please delete as appropriate)  If yes, please proceed to make a referral. If no, please gain consent before proceeding. Verbal consent is currently sufficient. |

* The food shopping service is provided by local Voluntary Sector organisations. Once the form has been completed, it will be assessed for eligibility for the service. If the client is eligible their details will be passed to a voluntary sector group which will contact them to discuss: payment options and shopping needs.

**Referral details**

|  |  |
| --- | --- |
| Full name of the person who requires support with shopping (if a family, the full name of the main contact person) |  |
| Telephone number (please make sure this works) |  |
| Email address |  |
| Full address including post code |  |
| Name of referrer (and their organisation, if applicable) |  |
| Telephone number and email of referrer |  |
| Is this one off shopping or will it be required more regularly? |  |
| Please advise on the shopping/payment method(s) that will be suitable. Note that shopping must be paid for (the delivery service is free). Tick all that apply:   |  |  | | --- | --- | | 1. Support with a ‘click and collect’ order from a local supermarket (client makes a payment online) |  | | 1. Call and collect from a local supermarket (client makes a payment over the phone) |  | | 1. Pre-paid supermarket voucher |  | | 1. None of the above - will need to be sent an invoice in the post\* |  | | |

\*If the person is currently unable to use options 1-3 and selects option 4 they will have to complete an agreement form with the provider to pay the money back at a later date. This is important so that the service can continue to function.

**Equality monitoring information**

**Sex:**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |
| Prefer to self-describe  (please specify below) |  | Prefer not to state |  |
|  | | | |

**Age:**

|  |  |  |  |
| --- | --- | --- | --- |
| Under 18 |  | 51 – 65 |  |
| 18 – 30 |  | Over 65 |  |
| 31 – 50 |  | Prefer not to state |  |

**Do they consider themselves to have a disability?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Prefer not to state |  |  |  |

**Ethnic group**

|  |  |  |  |
| --- | --- | --- | --- |
| White |  | Black/ African/ Caribbean/ Black British |  |
| Asian/Asian British |  | Mixed/multiple ethnic groups |  |
| Other, please specify below |  | Prefer not to state |  |
|  | | | |

**Religion or belief**

|  |  |  |  |
| --- | --- | --- | --- |
| Christian |  | Muslim |  |
| Jewish |  | Buddhist |  |
| Hindu |  | Sikh |  |
| Other, please specify below |  | Prefer not to state |  |
|  | | | |

**Please send referrals to** [**health@kcsc.org.uk**](mailto:health@kcsc.org.uk) **or call the KCSC helpline 020 7243 9804**

**Residents should call the COVID Hub shopping number 020 7361 4025**

**For more information see** <https://www.rbkc.gov.uk/coronavirus-covid-19/covid-19-hub-and-support-residents/support-food-and-other-essentials>

If any other support needs are required, please also use the above contact

**Using your personal information**

To process this referral, Kensington and Chelsea Social Council need to share your personal data with key third parties to enable us to provide the service described/shopping support service. These parties include the organisations directly delivering the service to you, as well as a digital platform used to provide these organisations with your information.

Your data will not be used to contact you in any way, other than to provide the services described. You can withdraw this consent at any time, by contacting KCSC on health@kscs.org.uk. Please note, if you do not consent, or choose to withdraw consent, we will not be able to process your referral.