

Food Delivery Referral Form 2020

This form contains confidential information



DUFFERIN FOOD SHARE
Working together for our community

Date of Referral: _____ 20__

Name of Individual or Family	Name: Date of Birth:
Full Address of the recipient (Including postal code and any other information that will help us find the property when delivering food parcels).	Address: Postal Code: Information:
Landline Contact Number	()
Mobile Contact Number	()

Reason for referral: Elder____Mobility____ Immune Comp____Quarantined ____
Housing Type:
Income Source:
Is the Client: New____ OFB____ Salvation Army____ Other ____
Please tick the most appropriate box that describes the client:
Food Parcel for 1-3: ____ Food Parcel 4+: ____
If the family option was ticked please state the number of individuals in the family/household:
Adults: ____ # Children (1- 18): ____ #Babies (0-1): ____

Hamper: Small____ Large____
Milk____ Eggs____ Coffee: (Instant) (Perk) (Pods) Tea ____
Frozen Meat: <i>Any meat you won't eat?</i> Chicken____ Beef ____ Pork ____ Fish ____ Lamb ____
Prepared Meals: Chicken ____ Beef ____ Vegetarian ____
Carrots____ Onions____ Potatoes____ Apples____Bananas____
Bread____ Desserts____ Kidszone____ Babyzone____Diapers____Wipes____(If Available)
Pet Supplies: Dog Food____ Cat Food____ Cat Litter____(If Available)
Feminine Hygiene: Pads____Tampons____ Shampoo____

Referral Source
Name of Organization making referral: _____
Signed employee: _____ Employees Position: _____

OFFICE USE ONLY
TOTAL WEIGHT: _____ Earliest Next Visit: _____

Dufferin Food Share

Location: Salvation Army New Hope Church, 690 Riddell Rd, Orangeville
Email: contact@dufferinfoodshare.org