**Hitchin Food Provision Application Form – return to**

[**foodprovision-hitchin@wilshere.herts.sch.uk**](mailto:foodprovision-hitchin@wilshere.herts.sch.uk)

Hitchin Food Provision are hoping to provide support during the current Covid-19 crisis for as long as is feasible for families who have suddenly found themselves in financial difficult as a result of the crisis. This emergency provision is being organised by and supplied by charitable and volunteer groups. This is to help families who will struggle to provide food to their children during this difficult time.

**CRITERIA**

* For families with children living in Hitchin **NOT in receipt of Universal Credits/benefits.**
* Families who have been impacted by furlough, loss of employment or reduction in hours
* Families who are self-employed and cannot claim from the Governments self-employed income support scheme

**PLEASE COMPLETE ALL SECTIONS IN FULL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | | | | | | | | | | | |
| **Full Name** |  | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Contact Phone Number/s** | | |  | | | | | |  | | | |
| **Email (essential for e-voucher)** | | | | |  | | | | | | | |
| **Which School/s do your children attend?** | | | | |  | | | | | | | |
| **Please state your supermarket preference** | | | | | **Sainsbury** | | | | | **Asda** | | |
| Have you been Furloughed? | | | | | | | | | | | | **YES/NO** |
| Have you lost your employment (during COVID-19 crisis)? | | | | | | | | | | | | **YES/NO** |
| Have your hours been reduced Reduction of hours (during Covid-19 crisis)? | | | | | | | | | | | | **YES/NO** |
| Are you self-employed and unable to work? | | | | | | | | | | | | **YES/NO** |
| Are you In Receipt of benefits/Universal Credits? | | | | | | | | | | | | **YES/NO** |
| Have you applied for Universal Credits? | | | | **YES/NO** | | | If **YES** when do they start | | | | |  |
| Do you qualify for Free School Meals? | | | | | | | | | | | | **YES/NO** |
| How many Adults in your household? | | | | | | | | | | | |  |
| How many children in your Children in household? | | | | | | | | | | | |  |
| Please give brief details of the reason for referral: | | | | | | | | | | | | |
| Please indicate with YES that you have read and understood the Privacy Statement | | | | | | | | | | |  | |
| **For professional referrals - Referrer Details (please complete all sections)** | | | | | | | | | | | | |
| Organisation | |  | | | | Name | |  | | | | |
| Contact Number | |  | | | | Email | |  | | | | |

*A GDPR and Privacy Statement will be provided to those being referred this data may be used for monitoring purposes*

*Please note we may contact you if there is anything that we are unclear about*