



Gallows Close Centre

Food Parcel and Warm Space Referral Form

Name of Organisation completing the referral: _____

Contact Name & Number: _____

Client being referred name: _____

Age: _____ Address: _____

Contact Number/Email: _____

Is this an:

Individual person Family

Elderly Individual Family with Disabilities

Individual with Disabilities

Couple

Elderly Couple

Couple with Disabilities

If it is a whole family how many adults/children and what ages are the children?

Is the referral for:

Food Parcel Warm Space Hub Energy Voucher

Do they have access to cooking facilities?

None Cooker Microwave

Are there any specific Dietary requirements or needs we need to be made aware of in order to provide the most suitable package?

All information provided to Gallows Centre will be treated confidentially and in accordance with all Safeguarding and Data Protection guidelines.

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