



## CLIENT CONTACT FORM (for ALL clients new and old)

Welcome to the Community Networks Foodbank 😊

September 2020

Your Current Details	Please complete the following...YOUR INFORMATION WILL BE KEPT CONFIDENTIAL		
Surname		First Name	
Gender		Ethnicity	
Age	20-30 / 30-40 / 40-50 / 50-60 / 60+ (please circle)	Residency Status	
Address			
Email address			
Phone number		Are you happy to receive emails from the Foodbank?	Yes / No (please circle)
Are you a Work & Income client?	Yes / No (please circle)	Are you employed?	Yes / No (please circle)

Your Visit			
Is this your first visit to the Foodbank?	Yes / No (please circle)	If yes, how did you hear about us?	
Has something happened recently that has affected your financial situation?	Yes / No (please circle)	If yes, please explain.	
What are your main concerns/needs today?			

Your Household			
Living Situation (please circle)	Flatting (room in shared house) / Housing NZ / Own Home / Relative / Renting / Other (please specify) _____		
Number of people you feed	Adults	Children	Children ages

Other agencies discussed/referred to:	
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Your Privacy Waiver	Please read, sign and date the following...
<p>Community Networks collects this information for the following reasons:</p> <ol style="list-style-type: none"> <li>1) To help us provide a quality service and to assist you better in the future.</li> <li>2) To provide statistical information for research purposes (we will ensure you cannot be identified).</li> <li>3) To advocate on your behalf, with other community agencies, with your approval.</li> </ol> <p>Community Networks reserves the right to share information with appropriate agencies where there is evidence of a serious risk of harm to the client or someone else, or serious illegal activities are disclosed.</p> <p>You have the right to see and correct your personal information that the Community Networks Foodbank has collected.</p> <p>I affirm that the details provided are correct on this date, and agree to the collection, storage and sharing of this information.</p> <p><b>Signed:</b> _____ <b>Date:</b> _____</p>	

