

COMMUNITY NETWORKS FOODBANK CLIENT CONTACT FORM



| 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: | | | |

| 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"> To help us provide a quality service and to assist you better in the future. To provide statistical information for research purposes (we will ensure you cannot be identified). To advocate on your behalf, with other community agencies, with your approval. <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> | |
| Signed: | Date: |

