**Under 65 Covid-19 Community Response referral form**.

This service is for people under the age of 65:

* who live alone without local support networks, OR
* who live with a partner/family members who are self-isolating AND
* are vulnerable (eg have a disability themselves; drug/alcohol addiction; at risk from domestic violence) AND/OR
* are facing financial hardship or recently unemployed

***As we have limited resources, we need to make sure support gets to those who need it most.***

**Eligibility Check List**

|  |  |
| --- | --- |
| Do they live alone or with a partner/family members who is/are also self-isolating, and without any local support network which could bring supplies. | If yes, proceed to next question. If no, then not eligible unless the situation changes |
| Can they afford to buy food but need assistance? | If yes – refer to a ‘shopping’ offer from the Voluntary Sector list, or an offer from the Council when available. |
| Are they vulnerable or facing financial hardship? Are they: unemployed; in insecure employment; in receipt of Universal Credit or income support; awaiting their first benefits payment?  |  |
| Are they unable to support themselves for any another reason? | Write below the explanation |
| If living with other family members - do they have children that require specific provisions e.g milk/ nappies? | Please state that we may not be able to supply these items. |
| Are they receiving help with food from any other foodbank, community group or organisation? | If this help includes regular deliveries of food packages from an organisation then they are not eligible for this service. Please record the name of the organisation that is providing help.If they are receiving no help, or they are receiving help from foodbanks then they are eligible. Please proceed to next question.  |
| Have they consented to the referral? | If yes, please proceed to make a referral. If no, please gain consent before proceeding. Verbal consent is currently sufficient. |

**Referral details**

|  |  |
| --- | --- |
| Full name of the person who requires food (if a family, the full name of the main contact person ) |  |
| If a family – number of family members and their ages |  |
| Telephone number (please make sure this works) |  |
| Full address including post code |  |
| Name of referrer (and their organisation (if applicable) |  |
| Telephone number and email of referrer |  |
| Do they require food and basic essentials more than on a monthly basis? |  |
| Do they have any dietary requirements? Please specify if vegetarian, vegan or if they have any allergies (Note that we may not be able to respond to very specific individual requirements but we will aim to omit inappropriate items). |  |
| Have they consented to their data being shared with relevant third parties? |  |

**Please send referrals to** **covid19foodsupport@rbkc.gov.uk** **or call the RBKC Single Point of Access: 020 7361 4326**

**For more information see** [**https://www.rbkc.gov.uk/health-and-social-care/coronavirus-covid-19/coronavirus-covid-19**](https://www.rbkc.gov.uk/health-and-social-care/coronavirus-covid-19/coronavirus-covid-19)**;**

If any other support needs are required, please also use the above contact

**Equality monitoring information**

**Sex:**

|  |  |  |  |
| --- | --- | --- | --- |
| Male | [ ]  | Female | [ ]  |
| Prefer to self-describe (please specify below) | [ ]  | Prefer not to state | [ ]  |
|  |

**Age:**

|  |  |  |  |
| --- | --- | --- | --- |
| Under 18 | [ ]  | 51 - 65 | [ ]  |
| 18 - 30 | [ ]  | Over 65 | [ ]  |
| 31 - 50 | [ ]  | Prefer not to state | [ ]  |

**Do they have a disability?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |
| Prefer not to state | [ ]  |  |  |

**Ethnic group**

|  |  |  |  |
| --- | --- | --- | --- |
| White | [ ]  | Black/ African/ Caribbean/ Black British | [ ]  |
| Asian/Asian British | [ ]  | Mixed/multiple ethnic groups | [ ]  |
| Other, please specify below | [ ]  | Prefer not to state | [ ]  |
|  |

**Religion or belief**

|  |  |  |  |
| --- | --- | --- | --- |
| Christian | [ ]  | Muslim | [ ]  |
| Jewish | [ ]  | Buddhist | [ ]  |
| Hindu | [ ]  | Sikh | [ ]  |
| Other, please specify below | [ ]  | Prefer not to state | [ ]  |
|  |

**Using your personal information**

The information you have provided to the Royal Borough of Kensington and Chelsea will only be used in connection with Food and Basic Essentials Distribution and Social Isolation Support Service.

Your information will only be used for the intended purpose, we will not collect any additional information about yourself. The information you supply will be shared with other statutory and voluntary organisations involved in the service, in order that we can provide a service to you.

If we intend to use your information for any other purpose, we will normally ask you first. In some cases, the Council may use your information for another purpose if it has a legal duty to do so, to provide a complete service to you, or if there is a risk of serious harm or threat to life. The Council will retain your information in accordance with our retention schedule and it will be held securely.

If you have any questions regarding your Data Protection rights, such as accessing your personal information, etc. or if you have a concern over the handling of your information. You can email **covid19foodsupport@rbkc.gov.uk**

For further details you can read the Council’s fair processing notice at <https://www.rbkc.gov.uk/footer-links/data-protection/fair-processing-notice>