

FOOD SHARE APPLICATION FORM

1. Able Minds' Food Share service is a hand-up, not just a hand out, for those experiencing financial difficulties. To apply you or a whanau member living with you must be experiencing some form of mental distress or addiction.
2. The Food Share service consists of a weekly food parcel for a period of **6 weeks**. After 6 weeks there may be an opportunity for **1 (one)** extension of **2 weeks** dependent on demand at the time. After such, there will be a 12 month stand down period before you are eligible to re-apply.

Referral date:*		Start Date:	
CLIENT INFORMATION			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Last name: *	First name:*
Gender:	Ethnicity:	Birthdate: / /	
Street address:*		Contact Phone Number:*	
Postcode:			
Email:			
Community Services Card Number:	Any other food agencies involved:	Agency phone:	
Although food parcels cannot be individualised we try to accommodate food allergies where we can – please indicate if any household member has the following allergies: <input type="checkbox"/> Gluten (Celiac) <input type="checkbox"/> Dairy <input type="checkbox"/> Nuts			
Sometimes we have female hygiene products available, if you would like to get these in your parcels, when we have them available, please tick this box <input type="checkbox"/> .			
Referred to service by (please tick one box)* <input type="checkbox"/> Dr. <input type="checkbox"/> Family/Friend <input type="checkbox"/> Support Worker <input type="checkbox"/> Other _____ (please specify)			
Total number in household: *		Ages of any children in household:*	

Able Minds' focus while working with you is to promote positive health and wellbeing. Please turn over for Able Minds Privacy statement and consent to receive Food Share services.

The criteria for receiving a food parcel has been met. The criteria for receiving a food parcel has not been met.

Food parcels will begin on ____/____/____

Food parcels will end on ____/____/____

Signed: _____

Date: _____

Entered into Recordbase: ____/____/____



I, have read or had read to me the following Privacy Statement pursuant to the Privacy Act 2020 and the Health Information Privacy Code 2020.

ABLE MINDS PRIVACY STATEMENT

We collect personal information from you, including information about your:

- name
- contact information
- location
- interactions with us
- NHI or SWN number

We collect your personal information in order to:

- give you a hand up with 6 weekly food parcels during a difficult financial situation (foodshare).

We collect your personal information for reporting to:

- determine whether services are being provided to people who need them,
- whether services are being provided at the right time and in the right places and,
- what effects or outcomes our services are having in the community.

Besides our staff, we share statistical and demographic information with:

- Te Whatu Ora and/or other contract providers in order to report based on contractual obligations, and/or
- approved external agencies in order to provide further appropriate support with your consent.

Providing some information is optional. If you choose not to enter certain information, we may be unable to provide a service.

If we think you or someone else is in danger, or your or their safety is at risk, we may have the right to disclose information to other relevant authorities.

We keep your information safe by keeping it on a password protected secure database and only allow your support worker and appropriate line managers to access it.

We keep your information for ten years and ten years past a child's 16th birthday at which point we securely destroy it by erasing all digital files and destruction of paper files noting that the organisation is now electronic.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at admin@able.org.nz, or 0800494262, or P O Box 4003, St Kilda, Dunedin 9046.

Declaration:

I _____ give my permission for personal information to be collected, stored and shared on my behalf.

- I consent to receive Food Share services from Able Minds. *
- I understand the conditions of receiving Food Share and to the best of my knowledge all information provided above is true and correct. *
- I understand that the food share items I receive may be short dated and/or expired.*
- I will collect my own food parcel OR
- I understand that Able employees/volunteers/Focus clients will be privy to my name and address for delivery purposes.*

Name: _____

Client Signature* _____

Date: _____