

Foodbank Assessment



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Date of Assessment: _____

Dates of Updating: _____

Personal Details:

Name: _____

D.O.B: _____

Address: _____

Tel No: _____

Numbers of Males/Females/Non-binary (does not identify as a man or a woman) in the house:

Male Female Non-binary

Please write in numbers how many are in the house from each age category:

Under 18: 19-29:

30-64: 65 & above:

OTHER INFORMATION

Please write in numbers how many are living in the house from the following categories:

- Persons with disabilities
- Third country national (not an Irish or EU citizen)
- Participants with a foreign background and minorities
(from EU but not Irish; including marginalized communities, such as Travellers, Roma people)
- Participants who are homeless or affected by housing exclusion

APPLICATION FORM CHECKLIST – FOR COMPLETION BY STAFF MEMBER

Tick documents seen

Photo ID: Proof of address:

Medical Cards for each member of the household:



Confidentiality and Consent

All of the information you share is confidential, and your confidentiality is assured except when there is an issue around child safety; risk to yourself or risk to others; the courts request a report from a worker, or you disclose that you have committed or intend to commit a criminal act.

As some of the information that services hold about you is sensitive, they must follow the principles of the Data Protection Act. These principles ensure that the information that services have is:

- Used fairly and legally.
- Only used for the purposes for which it was collected.
- Adequate, relevant and not excessive.
- Correct and up to date.
- Kept only for as long as needed.
- Processed in accordance with a person's rights.
- Stored safely.

Data Release - To continue receiving funding for SMD, Mid West Simon has to provide anonymous statistics to the EU every quarter. I understand by signing this declaration, I am giving the Mid West Simon permission to share relevant information for SMD to the EU and for statistical reports issued by Mid West Simon.

Permission to pass on details (Name, Address, Contact Number) for the purposes of food delivery through another organization. Please tick the box if consent is given

I have read and have had this consent form explained to me.

Signed _____ Date _____
Client

Signed _____ Date _____
Staff Member