School headed paper

Dear Sir / Madam

Name of school can confirm the following family is recipient of FSM (free school meals) and as a result will find the 6 week school summer holidays a challenging time. The family have identified that they will certainly be in food crisis without support.

We ask that Ealing Foodbank recognises this letter, along with proof of identity, as evidence of need.

The family have been advised that:

* Contents of food parcels may vary in accordance with what’s available
* The family can use the food bank if needed, a maximum number of **6** times (once per week of summer holiday)
* This letter must be presented at each visit, and will expire on Saturday 2nd September 2017

**For completion by the school**:

|  |  |
| --- | --- |
| School contact name |  |
| School contact number |  |
| Name and Full Address of family (please print clearly) |  |
| Family Postcode |  |

Please tell how many people make up the household. Please **write in words not figures**, and put a cross through the box if there are none in that age group.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 -4 yrs | 5 – 11 yrs | 12 – 16 yrs | 17-24 yrs | 25 – 64 yrs | 65+ yrs |
|  |  |  |  |  |  |

I can confirm that the information is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Dated |  |
| Position in School |  | | |

**For Foodbank:** The above-named person has been identified by their child’s school as being at risk of food crisis. Please mark off each visit below and **return the letter to the parent**. *Retain if presented after Sat 2nd Sept 2017 or if all dates are ticked*

Week beginning: 24 Jul 17 31 Jul 17 7 Aug 17 14 Aug 17 21 Aug 17 28 Aug 17

*Please complete a Child School Meals voucher.*