

# DFHT FOOD BANK MEMBERSHIP FORM

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DFHT Membership NO:

Name:

Surname:

Address:

Postcode:

Home Phone NO:

Mobile NO:

Email:

Date of Birth:

Ethnicity:

Gender:

Household Details:

Please select only one oval:

- Single
- Couple
- Family
- Single Parent

NO. of Children: (if applicable)

Ages + Gender of Children: (if applicable)

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## What benefits you receive:

You must submit the required documents for consideration, along with a copy of your child benefit letter if you have children under the age of 16 or under 18 and in full-time education.

Tick all that apply

- Job Seeker's Allowance
- Income Support
- Asylum Seeker
- PIP (Personal Independence Payment)
- Working Tax Credits
- Child Tax Credits
- Disability Living Allowance
- Carers Allowance
- Employment and Support Allowance
- Widowed Parent's Allowance
- Pension Credit
- Child Benefit
- Universal Credit
- None

## Intolerances/ Allergies:

## Dietary Requirements:

Please select only one oval:

- Vegetarian
- Halal
- None
- Other

## If Other, please specify:

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## Nominees Name for Parcel Collection in Your Absence:

If Nominated Person collects your Parcel every week, we will need to review your case every 3 months. This requires an in person meeting and hence review. Provide Full name of Nominee & Membership No. if available.

## Submission of Proof:

Please select only one oval:

Yes

No

## Medical Conditions:

## *Emergency Contact*

All users must provide details of an emergency contact or next of Kin.

Name:

Contact NO:

Relationship:

Email:

If Referred, please state:

The Name, Organisation, Number of Referee & Any Important Details:

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Please Sign Below.

By signing this document you agree that you have answered all the questions truthfully and to the best of your ability. You also understand that if you have given any incorrect information, you may no longer be entitled to receive a food parcel. You also agree to having a review at least every 3-6 months.

DFHT Food Bank reserves the right to withhold a food parcel from anyone without a reason

Date signed and agreed:

Example: December 18, 2024

Date Joined:

Example: December 18, 2024

Service User Registered By:



**Baytul Ihsaan**



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Peace and Blessings of the Almighty be Upon You.

Dear Service User,

Welcome to the DFHT Food Bank. To access the Food Bank on a weekly basis, we need to confirm your eligibility based on our criteria. Please provide the following documents to proceed:

- Proof of all benefits you are currently receiving.
- Utility bills. (rent, gas & electricity, water, council tax).
- A recent payslip, if you are employed.
- Details of any loan repayments or debts. (if any)

We kindly ask you to either:

- Photocopy all required documents and hand in.
- Send screenshots via Whatsapp to 07513 459374
- Email to [foodbank@dfhtrust.org](mailto:foodbank@dfhtrust.org)

If you have any queries, please contact 07513 459374

Warmest Regards,  
The Darul Fath Trustees