

Po Leung Kuk Blue Sky Food Assistance Service Project  
**Case Referral Form**

From: \_\_\_\_\_  
(Name of referring agency)

To: Po Leung Kuk Blue Sky Food Assistance  
Service Project  
Tel: 2658 1511, 6301 1230  
Fax: 2658 1908  
Email: bsfa@poleungkuk.org.hk  
Address: Unit 309, 3/F, Lai Sun Yuen Long Centre,  
27 Wang Yip Street East, Yuen Long.

Please refer to Notes for Referring agency for details.

We obtained consent of the applicant to forward the following information to the Blue Sky Food Assistance Service Project for assessment.

**Applicant's personal particulars**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Referring agency details** *(Please tick appropriate box)*

Name of referrer: \_\_\_\_\_ Post: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

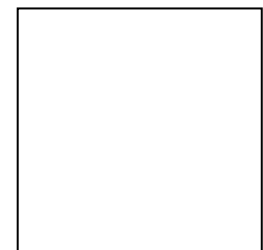
Urgent need for food assistance:  Yes  No

Applicant prefers to have assessment procedure at the referring agency,  
Suggested date & time: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of referrer: \_\_\_\_\_

Date: \_\_\_\_\_



Agency Chop

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The case referral form has been well received. For enquiries, please contact me at 2658 1511.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Service Officer

Date: \_\_\_\_\_