

Po Leung Kuk
Blue Sky Short-term Food Assistance Service Project

Case Referral Form

From: _____
(Name of referring agency)

To: Po Leung Kuk Blue Sky Short-term Food Assistance Service Project
Tel: 2658 1511,
Fax: 2658 1908
Email: bsfa@poleungkuk.org.hk
Address: Unit 309, 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 Po Leung Kuk Blue Sky Short-term Food Assistance Service Project for assessment.

Applicant's personal particulars

Name: _____ Telephone: _____

Referring agency details *(Please tick appropriate box)*

Name of referrer: _____ Post: _____

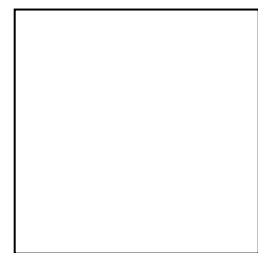
Telephone number: _____ Facsimile: _____

Urgent need for food assistance: Yes No

Remarks: _____

Signature of referrer: _____

Date: _____



Agency Chop

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

Signature: _____

Name: _____ Service Officer

Date: _____