Connecting families to Second Harvest Food Bank

1. Explain what to expect, using the script below:

Second Harvest Food Bank has free food – to pick up at many different places around the Bay Area.

With your permission, we will share your contact information with Second Harvest Food Bank.

Someone from Second Harvest will call you in 1-3 days to help figure out the best times and places for you to get food based on your schedule and needs.

They will also give you information about Cal Fresh (food stamps) if you are not already signed up.

1. Work with the family to fill out the information on the back side of this sheet and have them sign the consent at the bottom. **The top section of the form and the consent are required to submit a referral.**
2. Enter the information in the SHFB online Client Inquiry Form on behalf of the family.
* Go to <https://shfb.tfaforms.net/365?tfa_51=0011I00001IrFDyQAN&tfa_50=Medical%20Partner>

(Link is available on the PPC website nutrition or Social Determinants of Health page)

* Complete and submit the online form.

Second Harvest Food Bank Referral

Referencia del banco de alimentos Second Harvest

|  |  |
| --- | --- |
| First and Last Name\*Nombre y Apellido |  |
| Phone Number\*Número de teléfono | * Mobile/Celular – preferred/preferido\*
* Home/Hogar
 |
| Zip Code\*Código postal |  |
| Can Second Harvest contact you by text message?\*¿Puede Second Harvest contactarlo por mensaje de texto? | * Yes/Sí
* No
 |

|  |  |
| --- | --- |
| Preferred languageIdioma preferido |  |
| Best time of day for someone from Second Harvest to call you El mejor momento del día para que alguien de Second Harvest lo llame  |  |
| I am most interested in learning about**/**Estoy mas interesado en saber sobre:* CalFresh
* Free Groceries/comestibles gratis
 |

I authorize Gardner Packard Children’s Health Center to connect me with Second Harvest of Silicon Valley for resources. This may include sharing of my protected health information. I give Second Harvest of Silicon Valley permission to store my information electronically and to contact me by phone and/or text message if I checked “yes” above. I understand that Second Harvest will keep my personal information confidential and will only share information (including, but not limited to, status of the referral and other details) for the purpose of providing requested services.

Autorizo ​​al Gardner Packard Children’s Health Center para que me conecte con Second Harvest of Silicon Valley para obtener recursos. Esto puede incluir compartir mi información de salud protegida. Doy permiso a Second Harvest of Silicon Valley para almacenar mi información electrónicamente y para comunicarse conmigo por teléfono y/o mensaje de texto si marqué "sí" arriba. Entiendo que Second Harvest mantendrá mi información personal confidencial y solo compartirá información (incluido, entre otros, el estado de la remisión y otros detalles) con el fin de proporcionar los servicios solicitados.

Signature/Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_