

**Christmas Social Supermarket and Toy Shop Form**

**Date:**

**Client name:**

**Gender/Pronouns:**

**Date of Birth:**

**\*Ethnicity:**

**Address:**

**\*Income type:** WINZ      Employment      ACC      Other:

**\*Housing type:** Council      Kainga Ora      Private rental      Owned  
Emergency      Transitional      No fixed abode

**\*What is causing your financial stressor this Christmas?**

High Bills      Debt      Addiction issues  
Medical/Health      Supporting extra people      Cost of living

**\*WCM Social Supermarket**

**Who are the adults you are supporting with food? *First & last names***

**How many children?**

**\*WCM Toy shop** – *Our toy shop is available to support children ages 1-13 years of age*

**Ages of children:**

*By signing this form, you confirm that the information you have provided is accurate. This information will be stored in our database and used for cross-referencing purposes. Please note that the data marked (\*) will be utilised for statistical reporting and will remain anonymous and no personal details such as addresses or dates of birth will be used for this reporting.*

**Signature:**

**ADMIN USE** -----

**You have an appointment booked for the following date & time**

**Social Supermarket:**

**Toy Shop:**