## **Emergency Food Assistance Referral Letter**

Date:	
Referring Organization/Agency:	
Agency Contact Name:	
Phone Number:	
Email:	
То:	Food Pantry / Assistance Provider
This letter is to verify that:	
Client Name: Number of Adults: Number of Children: Address: Phone:	
is in need of eme	rgency food assistance. Please provide support as available.
Referring Staff Signature:	
Date:	