***Please Note: Due to the high number of requests at Christmas time, please be advised that***

***your application for assistance is not a guarantee that you will receive Christmas assistance.***

|  |  |
| --- | --- |
| Name:        | Today’s Date:       /       /       |
| Your Health Care Card Number:       -       -       -       Phone Number:       |
| Partner’s Health Care Card Number:       -       -       -       Name:       |
| Address:       |
| Current amount of rent being paid: **$**       [ ]  per Week [ ]  per Fortnight |

|  |  |
| --- | --- |
| **Names of ADULTS (people aged over 17) in your household:** | **Relationship to you?** |
|       |       |
|       |       |
|       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of CHILDREN (0-16 years of age) in your household:** | **Boy or Girl?** | **Age** | **% of care?** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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| --- |
| For what reasons are you submitting this Christmas assistance application? Please include any current financial difficulties.       |
| What have you done in preparation for the expense of Christmas this year? e.g. laybys, savings etc.       |

If NO is ticked, we will need you to sign a consent form to gain access to this information from Centrelink E-Services for this application to be given full consideration. This consent form is available from Family Services reception.

Is your Centrelink Income Statement attached to this form? YES [ ]  NO [ ]

**Please name and sign below.**

**Name:**       **Signature (unless emailed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN THIS COMPLETED FORM by November 30th TO:**

**FAMILY SERVICES RECEPTION, 48 FREDERICK ST OR FamilyServices@citymission.org.au**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Approved? YES [ ]  NO [ ]

Date Processed: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Booked Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_