



Form DSP08-060 Family Services Christmas Assistance Application Form

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: \$ <input type="checkbox"/> per Week <input type="checkbox"/> 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?

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.

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

Name: _____ **Signature (unless emailed)** _____

**PLEASE RETURN THIS COMPLETED FORM by DECEMBER 7th, TO:
FAMILY SERVICES RECEPTION, 48 FREDERICK ST OR FamilyServices@citymission.org.au**

OFFICE USE ONLY

Date Received: ____/____/____ Approved? YES NO

Date Processed: ____/____/____ Booked Date: ____/____/____