

Application to receive Hedland Community Christmas Assistance 2021

Please complete ONE form per family

PLEASE ATTACH FRONT PAGE OF CENTRELINK STATEMENT FOR YOURSELF/PARTNER

All forms to be returned to Bloodwood Tree 12th November 2021

Referring Agency: _____

Name: _____ Centrelink No: _____

Address: _____

PARTNER'S DETAILS (IF APPLICABLE)

Partner's Name _____ Centrelink No: _____

Best Contact Number: _____

CHILDREN'S DETAILS (14 YEARS AND UNDER ONLY)

| <u>NAME</u> | <u>AGE</u> | <u>BOY/GIRL</u> |
|-------------|------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Referring Agency: _____

Contact Person: _____ Phone Number: _____

Referral Agency Email Address: _____

Referring Agency Signature: _____

BY SIGNING THIS FORM, I GIVE PERMISSION FOR MY DETAILS TO BE SHARED WITH OTHER COMMUNITY GROUPS IN AND AROUND PORT HEDLAND

Client Full Name: _____

Client Signature: _____ Date: _____