

# QLG Necessitous Circumstances Fund: Assistance Application

YOUR DETAILS:					
	MR	MRS	MS	Date of Birth:	
First Name:				Surname:	
Current Address:					
	Suburb:			Postcode:	
Phone Contact:	Home:			Mobile:	
Is English the primary language spoken at home?			If No, what is the primary language spoken at home?		
YES		NO			
Are you of Aboriginal or Torres Strait Islander descent?			Are you a migrant or refugee? YES      NO		
YES		NO		If yes: Country of origin .....	
HOUSEHOLD COMPOSITION DETAILS:					
Single		Married		Defacto	Other:
How many people are living in your household?				No. of dependents:	
IDENTIFIED NEEDS:					
A)	Material Support	Food	.....		
		Clothing	.....		
		Household Items	.....		
		Other	.....		
B)	Emotional Support	Visitation	.....		
		Counselling	.....		
		Other	.....		
C)	Financial Support	Please provide details:			
		.....			
		.....			
		.....			
AUTHORITY TO PROVIDE SUPPORT:					
I confirm that the information provided above accurately reflects my needs and I hereby authorise the [insert project name] Project to provide assistance to me to meet these needs.					
Name: ..... Signature: ..... Date:    /    /					
Witness Name: ..... Signature: ..... Date:    /    /					
PROJECT USE ONLY:					
Received by: ..... (Responsible Person)				Phone Number:	
Date:    /    /					
Forwarded to QLG Board (date):    /    /					