

**GRANT APPLICATION FORM**

**ORGANISATION/CARE PROVIDER:**

**Contact number:**

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| **PERSONAL DETAILS** |  |
| Name of Applicant |  |
| Gender & Date of Birth | ⃝He/Him ⃝She/Her ⃝ Them/They DOB / / |
| Address |  |
| Type of Housing | ⃝ Public/Social Housing ⃝ Rooming House  ⃝ Private Rental ⃝ Homeless  ⃝ Lives in family home |
| Identify as Torres Strait Islander or Indigenous | YES/NO |
| Country of Birth |  |
| Language/s spoken at home |  |
| Disability/Impairment/area of need/visa | ⃝ Psychiatric ⃝ Physical ⃝ Intellectual ⃝ ABI  ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⃝ Visa conditions/requirements  Type of visa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health Care Card, DSP or Government Benefit Card Number: |  |
| Source of Income | ⃝ Disability Pension ⃝ Newstart ⃝ Aged Pension  ⃝ Workcover ⃝ Low Income ⃝ TAC  ⃝ None |
| **GRANT REQUEST DETAILS**  Give a description of background and about the need and what is being requested. Please provide as much details as possible: | |
| Approximate Cost |  |
| Receipt attached: YES/NO |  |

⃝ I give consent to share my information with HCC for the purposes of this grant application. This information is not to be shared with any other organization other than as de-identified statistics for auditing.