



Material / Emergency Aid Request **Form**

Contact Details

Date:

Agency:

Address:

Agency Officer Assigned:

Phone Number:

Mobile Number:

Email Address:

Client Details

Name:

Address:

Phone Number:

Mobile Number:

Healthcare Card Number:

Overview of Recipient Circumstances (must be completed):

Assistance Requested:

Agencies Please Note:

Completed registration forms can be emailed to help@helpinghandsmission.org.au and agency officer will be contacted to confirm receipt of request and to arrange pickup/delivery of items requested. If arranging pickup, an agency representative must accompany client to appointment.