



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):

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.....

Assistance Requested:

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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.