



# 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](mailto: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.