



GRANT APPLICATION FORM ORGANISATION/CARE PROVIDER: Contact number:

PERSONAL DETAILS	
Name of Applicant	
Gender & Date of Birth	<input type="radio"/> He/Him <input type="radio"/> She/Her <input type="radio"/> Them/They DOB / /
Address	
Type of Housing	<input type="radio"/> Public/Social Housing <input type="radio"/> Rooming House <input type="radio"/> Private Rental <input type="radio"/> Homeless <input type="radio"/> 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	<input type="radio"/> Psychiatric <input type="radio"/> Physical <input type="radio"/> Intellectual <input type="radio"/> ABI <input type="radio"/> Other _____ <input type="radio"/> Visa conditions/requirements Type of visa _____
Health Care Card, DSP or Government Benefit Card Number:	
Source of Income	<input type="radio"/> Disability Pension <input type="radio"/> Newstart <input type="radio"/> Aged Pension <input type="radio"/> Workcover <input type="radio"/> Low Income <input type="radio"/> TAC <input type="radio"/> 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.