



1. Child's Full Name: 2. Child's DOB:
3. Full Names of Parents/Guardians/Primary Caregiver:
4. Parents/Guardians Phone contact –/ neighbours contact / workplace contact:
5. Address – Lot number, Street Name, Suburb, Town/City, nearby landmarks
6. Child's National Health Card Number:
7. Please provide a brief description of your child's disability and the medical diagnosis:
8. ID Card Details for Parents/Guardians/Primary Caregiver: ID Type and Number:
10. Do you receive social welfare assistance: if yes (how much and what kind of support):
11. Do you receive any other form of support? If yes what kind of support and name of organization that provides the support
12. Is the child on any medication, what medication?
13. Does your child use an Assistive device(Wheelchair/ walker/ hearing aid)? If so, which device?
14. Number of persons in family - how many with disability:
15. Are you having trouble accessing proper nutrition for your child? Yes or No. If yes please explain briefly.
16. Did your family experience job loss as a result of COVID?
17. Where do the child's parents/guardians/primary caregiver work? If not working, where was the last place they worked?
18. Did your family experience a reduction in household income as a result of COVID?
19. How many members of your family are employed? 20. How many dependents in the household?
21. What is your weekly family income?
22. What are your weekly family expenses? Please explain briefly
23. What is the nearest Shop N Save/ MH/MaxValu supermarket for your family?
24. What form of assistance does your child need? Please provide a picture of your child noting disability and assistive device if applicable.