

Date _____

Checklist

- Invoice on procedure or equipment requested
- Evidence of the family's financial situation * we require a copy of the most recent Income Tax Return

Children First Foundation Application

Child's Details

Name: _____ Age _____ DOB _____ Sex _____ Nationality _____

Family Information

Mother's Name _____ Telephone Number _____ Occupation _____

Address _____ City _____ State _____ Post Code _____

Father's Name _____ Telephone Number _____ Occupation _____

Address _____ City _____ State _____ Post Code _____

Number in family _____ Primary caretaker of the applicant _____

E-mail address _____

Are you an Australian Citizen, permanent residence or have Refugee status Yes No (please circle)

Annual household income (Please attach most recent copy of your Tax Return) \$ _____ unless under Protective Services

Are you on a pension? Yes No (please circle) Type of Pension _____ Pension Number _____
(Please attach copy of your pension card)

Govt .Health Card: Yes/No if yes, number _____ Private health insurance: Yes/No Member Number _____

If under Protective Services

Name of Provider _____ Contact Person: _____ Phone No: _____

It is only necessary to fill in the relevant categories.

Children First Foundation will send money directly to the treatment provider, Equipment Company, hospital, etc. and not directly to the recipient family.

Request Information

Total amount requested from Children First Foundation \$ _____

Has funding been sought from additional sources? Yes/No If yes from whom? _____ Amount \$ _____

How did you hear about Children First Foundation? _____

Services (surgeries, clinic visits, procedures, therapy, orthodontic etc.)

Type of treatment _____

Number of treatments/visits _____ Cost per treatment/visit \$ _____ -

Name _____

Address _____ City _____ State _____ Post Code _____

Equipment

Type of equipment _____ Cost of equipment \$ _____ Discounted Price \$ _____

Address _____ City _____ State _____ Post Code _____

We may seek your support to promote our Between the Gaps Program in our Newsletter, website or media stories. Your assistance can help us raise funds to assist other families, but your story will not be told without your consent.

If you have any questions please contact:

Children First Foundation, 66 Chapman Street, North Melbourne VIC 3051
Phone: 9329 4822 Fax: 9329 4833 www.childrenfirstfoundation.com