

Date Received \_\_\_\_\_ Approved/ Not Approved \_\_\_\_\_

## Children First Foundation Between the Gaps 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 \_\_\_\_\_

### **It is only necessary to fill in the relevant categories.**

*Children First Foundation will send money directly to the service provider and not directly to the recipient family.*

### Case Information

Application from (Name) \_\_\_\_\_ (Position) \_\_\_\_\_ Phone \_\_\_\_\_

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

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 \_\_\_\_\_

### Checklist

- Letter of support from health professional
- Quotation from supplier/ provider for the service/ equipment requested
- Evidence of the family's income ( please provide a copy of the most recent Income Tax Return OR a copy of their Health Care Card)

*We may seek your support by way of a letter/ photo to promote our Between the Gaps Program in our Newsletter, website or media article. Your assistance will help us to raise funds to assist more families. We will seek your consent before publishing your story.*

**If you have any questions please contact:** Children First Foundation, 66 Chapman Street, North Melbourne VIC 3051  
Phone: 9329 4822 Fax: 9329 4833 Email: [btg@childrenfirstfoundation.com](mailto:btg@childrenfirstfoundation.com) Website: [www.childrenfirstfoundation.org.au](http://www.childrenfirstfoundation.org.au)