

QCWA PUBLIC RURAL CRISIS FUND & QUEENSLAND DROUGHT APPEAL APPLICATION

| Name | | Date |
|---|------------|----------------|
| Affected address | | |
| Address for correspondence | | Postcode |
| Proof of residential address - must be included with all applications. Approved ID e.g. copy of applicant's driver's licence, utility (water, electricity, rates) or phone account with affected address - must show your name and street/road address. | | |
| Mobile Hot | ne | No. dependents |
| Email address | | |
| Individually Droughted Property – Yes No Attached copy of IDP declaration I give permission for QCWA to contact Department of Agriculture and Fisheries to verify IDP Do you require the service of a counsellor either financially or mentally? | | |
| What is your primary source of income? | | |
| Do you receive a pension? Yes/No – if yes what type? | | |
| Have you received financial assistance from any other charitable organisation in the last 12 months? Yes/No – if yes, what type? | | |
| 1. This assistance will be in the form of the following store vouchers or store credit; please indicate store below - | | |
| Store credit - Name of storeOR | | |
| COLES WOOLWORTHS IGA | | |
| 2. If more urgent financial assistance is required e.g. medical, dental, veterinary and other essential items electricity, rates, animal supplements or fodder – Payments will be made direct to the biller by BPAY, Direct Debit or Cheque *Please attach UNPAID invoices or relevant paperwork – | | |
| Funds required for/or name of service provide | r Due Date | Amount |
| | | |
| APPLICANTS SIGNATURE | | |

Assistance up to \$5000 per individual/family/household/primary producer/small business

Please return to - The Queensland Country Women's Association State Office

ATTENTION STATE PRESIDENT - CONFIDENTIAL PRCF 89-95 Gregory Terrace, Spring Hill Brisbane QLD 4000

Alternatively - Email secretary@qcwa.org.au Fax 07 3026 1222