

Emergency Relief Assessment Form

Client Information	
Family Name	
Given Names	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed
Date of Birth	
Address	
Telephone Number	
Email Address	
Country of Birth	
Date of Arrival in Australia	Main language spoken at home:
CALD	<input type="checkbox"/> Yes <input type="checkbox"/> No Indigenous Status:
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language:
Disability (priority)	
Visa Category	

Assessment Questions	
Are you an NT resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost your job because of COVID-19? If yes, provide more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving any income in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive any government benefits (eg. Centrelink)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any financial relief from any other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently being supported by any other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any additional information about your current circumstances	