

DAVID WILLIAMS FUND

51 Commercial Rd, South Yarra. 3141

2019 Emergency Food Voucher Application Form

First Name: _____ Surname: _____

Date of Birth: _____ PLC number (if applicable): _____

Phone: _____ Mobile _____

Email address: _____

Please the type of voucher you prefer:

COLES WOOLWORTHS

Please mail the voucher to my address:-

Mailing Address: _____

Suburb: _____ Post Code: _____

DWF does not take responsibility for vouchers lost in the mail.

I will pick up the voucher from the PLC. Vouchers are available after 10 am on the Wednesday following the week of application.

Please complete page two → → →

Office Use Only:

| | | |
|--------------------|-------|-----------------|
| DWF Client Number: | Date: | Application No: |
| | | |

Due to new funding requirements we are updating our database. Please complete and sign the following:

What year you were diagnosed with HIV? _____

Have you been diagnosed with Hepatitis C
Yes No
Rather not say

Are you Aboriginal or Torres Strait Islander?
If yes; Yes No

Are you Aboriginal but not Torres Strait islander? Yes No

Are you Torres Strait islander but not aboriginal? Yes No

Are you both aboriginal and Torres Strait islander? Yes No

Are you from a non-English speaking background? Yes No

What is your country of birth? _____

What language do you speak at home? _____

Are you Intersex? Yes No Rather not say

What Gender do you identify as?

Male Female Genderqueer Rather not say
Transman Transwoman Other Specify _____

How do you define your sexual orientation?

Gay Lesbian Bisexual Queer
Heterosexual Rather not say Other Specify _____

Checklist:

- I have attached a copy of my current Health Care Card.
- This is my first DWF application in 2018. I have attached a copy of my 2018 Centrelink Income Statement or the DWF has authority.
- I understand that I may be asked to provide a supporting statement or evidence of financial hardship.

Client's Signature: _____ Date: _____ / _____ / 2019