

Food Parcel Application Form 2024

Please fill in this form if you wish to apply for food assistance from Hands of Hope. Further information may also be required for evaluation purposes.

First Name	
Last Name	
Date of Birth	
Contact Number	
Residential Address	
Employment Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retiree
No. of Adults (above 18)	
No. of Children (below 18) Please specify their age*	
Dietary Requirement	
Do you receive any income support from the government / other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
A brief explanation on why you require this support.	



A: 204 Sherbrooke Rd, Willawong QLD 4110

T: (07) 3714 0315

E: info@handsofhope.org.au

W: www.handsofhope.org.au

How do you know about us?	
<p>Upon the success of the application, Hands of Hope will provide weekly food relief for up to 20 food parcels within 2024 under the Hope Pantry program.</p> <p>Recipients can collect one food parcel every Thursday between 10 am and 12 pm (except public holidays, the first & last Thursday of 2024) from Unidus Community Centre (204 Sherbrooke Road, Willawong). A food parcel is free of charge and normally consists of a mix of perishable and non-perishable food. Please note that your eligibility is based on the specific catchment areas we are able to support.</p> <p>We hope this will provide some support in your time of crisis. However, if you continue to experience a financial crisis, please approach our staff to discuss further needs.</p>	
<p>Applicant's declaration</p> <p>By submitting this form, I attest that the information supplied is true and accurate. I understand that my personal information on this form is being collected for the Hope Pantry program of Hands of Hope and will be kept confidential. I understand that submitting this application form does not automatically grant me the eligibility to be a recipient of the free food parcel.</p> <p>Applicant's Signature: _____ Date: _____</p>	

Please return this form via email (info@handsofhope.org.au) or drop it off at Unidus Community Centre (204 Sherbrooke Road, Willawong 4110).

<i>For office use only</i>	
Staff's Name:	Starting Date:
Note:	