



Australian Government Disaster Recovery Payment New South Wales Floods January 2012

1 Do you have a Customer Reference Number (CRN) for an Australian Government payment or service (e.g. Newstart, Family Tax Benefit or Age Pension)?

No **Go to next question**

Yes Your Customer Reference Number (if known)

- - -

2 Your name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Have you ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?

No **Go to next question**

Yes Give details below

Other name

Type of name (e.g. name at birth)

If you have more than 1 other name, attach a separate sheet with details.

4 Your date of birth

/ /

5 Your permanent address

Postcode

6 Your temporary address

Postcode

7 How can we contact you?

Phone number ()

To help us serve you better, please provide your mobile number

Mobile phone number

We may use this mobile number to SMS you when your claim will be paid.

8 Are you an Australian citizen or resident?

No **Go to next question**

Yes – Resident **Go to next question**

Yes – Citizen Date you became an Australian citizen

/ / **Go to 10**

9 What are your current visa details?

Visa sub class Date visa granted

/ /

10 Are you claiming for any dependent children under 16?

No **Go to next question**

Yes Give the children's details (only one person can be paid for each child)

Child 1

Child's family name

Child's given names

Other name this child has been known by

Child's date of birth / /

Child's sex Male Female

Child's permanent address (if different to question 5)

Postcode

Are you the principal carer of this child? No Yes



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10 *Continued*

Child 2
 Child's family name

 Child's given names

 Other name this child has been known by

 Child's date of birth / / Child's sex
 Male Female
 Child's permanent address (if different to question 5)

 Postcode
 Are you the principal carer of this child?
 No Yes

Child 3
 Child's family name

 Child's given names

 Other name this child has been known by

 Child's date of birth / / Child's sex
 Male Female
 Child's permanent address (if different to question 5)

 Postcode
 Are you the principal carer of this child?
 No Yes

If you are claiming for more than 3 dependent children, attach a separate sheet with details.

11 Where do you want your payment made?


The bank, building society or credit union account must be in your name. A joint account is acceptable.

Name of bank, building society or credit union
 Branch where your account is held
 Branch number (BSB)
 Account number (this may not be your card number)
 Account held in the name(s) of

12 How were you (and/or your child(ren)) affected by the disaster?

Tick ALL that apply

- Unable to gain access to your residence for at least 24 hours
- Your residence experienced utility failure for a continuous period of 48 hours
- You are an immediate family member of an Australian who died as a direct result of this disaster
- Stranded in your residence for at least 24 hours
- Seriously injured
- Your residence has been destroyed
- Your residence has suffered major damage

 Attach any relevant evidence to support your claim.

13 Date you were affected by the disaster

/ /

14 Please read this before answering the following question.

A disaster can impact on you physically and/or emotionally. Our Social Workers may be able to provide support and/or a referral to assist you.

Would you like one of our social workers to contact you?

- No
- Yes

15 Statement

I declare that:

- the information provided in this form is complete and correct.
- I have received the **Australian Government Disaster Recovery Payment New South Wales Floods – January 2012** factsheet which includes the privacy notice.

I understand that:

- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to ensure I receive the correct entitlement.

Your signature

Date

/ /

How do I claim?

You can complete, sign,

- and**
- post your claim form to:
 Emergency Processing
 Department of Human Services
 Reply Paid 7815
 CANBERRA BC, ACT 2610
 - or** • take your claim form to your nearest service centre.
 - or** • fax your claim form to: **1300 727 760**.
 Please ensure any accompanying documentation is also clearly identified with your name.

You have approximately 6 months to lodge your claim form. Please call us on **180 22 66** for more details.