

EMERGENCY CASES FUND

MINISTRY FILE NO.

LOCAL BOARD DISTRICT.....

1. Applicant.....

2. Age.....

Quote previous reference No.

3. (a) Widow (b) Single (c) Married (d) Sex: Male Female

4. Address Free Lodging
 Owns Home Taxes \$.....
 Rented Home Rent \$.....

5. (a) Present Occupation..... 6. (a) Present Income (Excl. PA/OAP) \$.....
 (b) Former Occupation (b) Income when employed \$.....

7. Illness or Disability..... 8. Relief:
 Single Family Orphans

9. (a) Medical Certificate dated.....(b) Duration (a) P.A.\$.....

9. Wife/Husband..... (b) O.A.P. Grant No.\$.....

(a) Age.....

(if on relief state type, Ref. Number and address if different from above)

(b) Address.....

.....
 (if not as 4 above)

10. Children in Household

(a) Dependant

Name	Age	School	Standard
.....
.....
.....
.....
.....

(b) Other

Name	Age	School	Occupation	Income Earnings	\$.....
.....
.....

11. Other members of household

Name	Age	Relationship	Occupation	Income Earnings	\$.....
.....
.....
.....

Total Income in household \$.....

(g) Other property owned by applicant.....

(h) Rent (if any) received by applicant..... Give particulars of—

Tenant, address, etc.....

(i) What will be applicant's contribution towards project?.....

(j) What other contributions?

(k) Who inherits property?.....

(l) Who occupies house now?.....

(m) Who is expected to occupy after repair?

(i) Requirements (attach supporting Price list from supplier)

(ii) Material.....

(iii) Labour (attach letter of undertaking duly signed).....

15. Investigating Officer's Report

.....

Date.....

Signature

16. Supervisor's Comments and Recommendations.....

.....

Date.....

Signature

17. *Summary and Recommendation:*

(To be completed at Head Office).....

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(a) \$.....for the purpose of.....is recommended.....

(b) A grant is not recommended (Give reason for rejection here)

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Date.....

.....
Deputy Director Social Welfare

18. (a) Approved \$.....for.....

(b) Rejected: (State reason here)

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Date.....

.....
Director