



Little Windmills Intake Assessment Form

Child's Information

First Name: Surname Name:

Is this child an Australian Resident or Citizen?
(please circle):

Yes / No

If no, please provide details of residency
status:

Identification (eg: Medicare no):

Is this child of Aboriginal or Torres Strait
Islander origin? (please circle):

Yes / No / Do Not Wish To Answer

Child's age Date of Birth Child's gender (please circle)
Male / Female

Area of Need: Please describe health concern,
special need or disadvantage and brief history:

Start date of treatment (if applicable) End date (if applicable)

Is travel/accommodation a component of
treatment? If so distance travelled and
accommodation details during treatment:

Parent/Guardian 1 Details:

First Name Surname DOB

Relationship Status (please circle):

Married, De-facto, Single, Other (if other please explain):

Name of Partner (If in a relationship):

First name Surname DOB

Relationship To Child (Please circle):

Parent, Guardian, Foster Carer, Relative, Other (please Explain):

Residential Address (Po Box not accepted):
Street Suburb/Town
State Post Code

Postal Address (please write 'As above' if it's
the same as the residential address):
Street Suburb/Town
State Post Code

Further Contact Information:
Mobile Phone Home Phone Work Phone
Email:



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Parent/Guardian 2 Details:

First Name	Surname	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship Status (please circle):

Married, De-facto, Single, Other (if other please explain):

Name of Partner(If in a relationship):

First name	Surname	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship To Child (Please circle):

Parent, Guardian, Foster Carer, Relative, Other (please Explain):

Residential Address (Po Box not accepted):

Street	Suburb/Town
<input type="text"/>	<input type="text"/>
State	Post Code
<input type="text"/>	<input type="text"/>

Postal Address (please write 'As above' if it's the same as the residential address):

Street	Suburb/Town
<input type="text"/>	<input type="text"/>
State	Post Code
<input type="text"/>	<input type="text"/>

Further Contact Information:

Mobile Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	

(only complete the relevant columns)

Number of Dependents under 18 years of age:

Parent/Guardian 1	Parent/Guardian 2	Joint
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age of Dependents:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is either parent/guardian currently receiving Centrelink payments? (please circle):

Yes/No

If So: Payment Type:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is either parent/guardian currently employed?(please circle):

Yes / No

Is either parent self employed? (If so please provide a short description of your business and your role):

Current housing situation (please circle):

Rent, Mortgage, Own Home, Government Assisted Housing, Other:

Details of Request

Short description of assistance (travel, accommodation for treatment) / equipment, how the equipment will be used and any other expectations from Little Windmills:

Total amount required for the Expenses/Item/s requested
Attach quote (If Applicable)

Is there a preferred supplier

Yes / No

If 'Yes' preferred suppliers details



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Have any other funding bodies/charities been engaged/approached for financial assistance (please circle):

Yes / No

If yes please provide details and outcomes:

Can this item be funded through relevant government funding? (please circle):

Yes / No

Have you received assistance from Little Windmills previously?(please circle):

Yes / No

If 'Yes' please explain:

Information required *(please attach)*

Please not if Doctors / Relevant Professional's report, letter or verification, which includes contact details and their qualification/relationship are attached:

Consent Details (tick the appropriate box)

- Do I/We as parent/s or guardian/s or the responsible person/s, consent to Little Windmills collecting the information provided on this form.
- Do Not

Declaration

I/We declare that have read and agree to Little Windmills privacy guidelines. I/We understand that if I/we do not provide all the information requested, that I/We may not be ineligible to receive assistance from Little Windmills. I/We certify that the information provided on this application is true and correct. I/We understand that withholding information or providing false information may result in a Little Windmills refusal of this application. If an application containing false or misleading information is accepted by Little Windmills and support is provided I/we may be legally required to reimburse Little Windmills up to the amount they provided.

Parent/Guardian 1

Name:

Signature:

Date:

Parent/Guardian 2

Name:

Signature:

Date:

Little Windmills Representative

Name:

Signature:

Date:

Notes

We would love to hear from you!

A note of thanks from you or a colourful illustration from your child means a lot. If your application is approved this note/illustration may be forwarded to donors who have helped fund the assistance Little Windmills may provide, it may also be shared via social media. Please refrain from using surnames as Little Windmills aims to protect your privacy. Use the space provided below.

Terms and Conditions - Charitable Applications and Assessments

All applications for charitable assistance are to be made on the appropriate form (Intake and Assessment form) provided by Little Windmills: The Country Kids Charity.

Each application is to be accompanied by a formal statement (on letterhead) from a medical professional/social worker verifying the details in the application for assistance and providing their professional recommendation.

Each application is to be signed by both parents/guardians/care givers wherever possible and applicable (if the child requiring assistance is not of age).

Further documentation and evidence may be requested by Little Windmills at any stage if further documentation is deemed to be required by them.

Each application is assessed by a Little Windmills assessment panel who will make decisions around what assistance (if any) can be provided.

Each application is assessed on a case by case basis. Little Windmills reserves the right to reject claims without explanation. Each assessment decision is final and non-negotiable.

Elements which may influence the Little Windmills assessment panel's decision may include:

- The number of cases being assessed and their relative severity.
- Little Windmills financial position.
- The quality and clarity of the information provided.

Little Windmills relies on the generosity of the Australian public to finance its charitable giving.