



# CENTRAL COAST BRANCH

## Request for Assistance Form

### Name

First Name

Last Name

### Email

example@example.com

### Phone

### What are your main concerns and how can we help you?

### Do you have any reports to help support your request for assistance?

Yes

No

### Do you have any quotes for items or services that you are requesting?

Yes

No

For full transparency, please note that all reasonable and necessary requests will be put forward for considerations. As a NON Profit branch, not all requests can be automatically granted, but we try our very best to provide as much help to were possible. We rely heavily on donations and fundraising efforts to be able to make this possible.



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## Request for Assistance Form

**If requesting permanent modifications or fixtures, can you please confirm your current living situation**

- Living in own home
- Private Rent
- Community Housing
- Boarding with someone else

**If you are living in a rental property or living with someone else, do you have permission to make modifications to the property?**

- Yes
- No

**Are you an NDIS recipient or do you receive My Aged Care funding?**

- Yes
- No

**If Yes, please tick which is applicable to you**

- NDIS
- My Aged Care

**To submit this form, please email to [ccmsb.secretary@gmail.com](mailto:ccmsb.secretary@gmail.com)**

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