

## Tasmanian Emergency Assistance Grants

\* indicates a required field

### Eligibility

**NOTE - THIS IS NOT THE APPLICATION FORM FOR THE \$350 FOOD RELIEF GRANT FUND.**

**THIS APPLICATION FORM IS FOR FLOOD AFFECTED HOUSEHOLDS IN THE DERWENT VALLEY AREA.**

**FOR POWER OUTAGE / FOOD RELIEF GRANTS PLEASE APPLY [HERE](#)**

**This grant for financial assistance is for Tasmanian Residents only.**

Before completing this form, please ensure that you are eligible to apply for Emergency Assistance.

### Identification and Eligibility

- Identification must be provided, including evidence of residential address and family composition (such as a Medicare card) where indicated in this form.
- Individuals and families must reside in areas impacted by the emergency event.
  - The eligible areas are areas listed in [TasALERT](#).
  - The individual or family must have been:
    - directed or advised by a relevant authority, such as Tasmanian Fire Service, SES, or TASPOL, to evacuate from their residence,
    - displaced from their residence due to the emergency event,
    - unable to return to your principal place of residence or isolated due to an emergency event, and
    - be in need of financial support to obtain essential and appropriate shelter, clothing, food, transport and/or personal items.

### Eligibility Check - Emergency Assistance Grant

**Are you eligible for an Emergency Assistance Grant? \***

Yes, I declare that I am eligible for an Emergency Assistance Grant

**Please include a screen shot or copy of advice that you are impacted by the severe weather event. You may also include photos or other evidence to show that your residential property has been impacted within the eligible area of the emergency event.**

Attach a file:

Emergency event location

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## Form Preview

Please provide the local government area of your residence affected by the emergency event that led to your need for an Emergency Assistance.

### Local government area of emergency event \*

Please select the local government area of your principal place of residence

### Is this application form being completed at a recovery, evacuation, Service Tasmania or authorised support centre? \*

Yes  No

### Location of recovery, evacuation or call centre

Please enter the address of the recovery, evacuation or call centre that this application form is being completed at.

### Address of recovery, evacuation or call centre \*

Address

Please enter the address of the recovery, evacuation or call centre

### Applicant details

Please enter your details in the section below.

The Department of Premier and Cabinet (DPAC) pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

Please note by submitting this request you:

- are agreeing to allow DPAC to share your information for the purposes of assessing and processing your request, and
- acknowledge that some information in relation to this request such as the your name, funding purpose, amount, location and any other details the department may consider appropriate will be made public as part of a fair and transparent process when disbursing public funds.

### Name \*

Title First Name Last Name

Please enter your name as shown on your identification evidence

### Date of birth \*

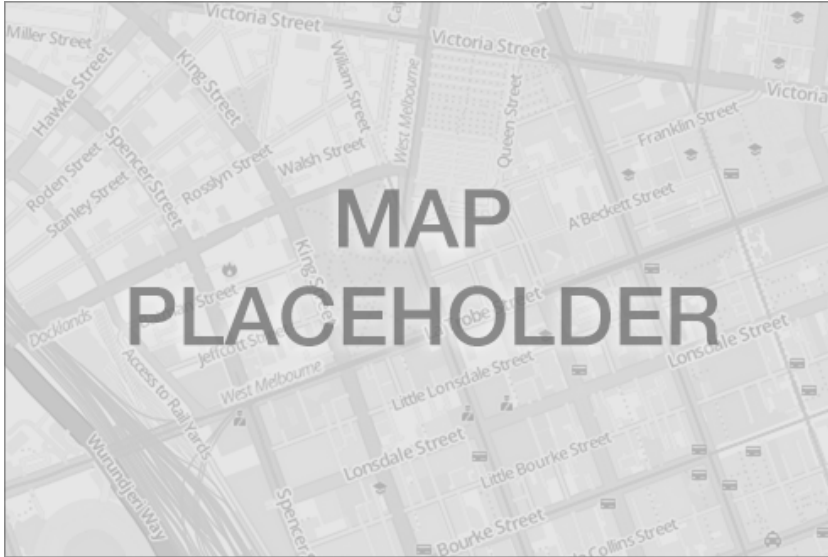
Please enter your date of birth (dd/mm/yyyy)

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## Form Preview

**Residential address - please provide your full street address, e.g. 29 Emergency Lane, Hobart Tasmanian 7000 \***

Address

Please provide the address of your principal residence at the time of the emergency event

**Primary phone number \***

You must provide a phone number that you can be contacted on (landline or mobile). Please include the area code in brackets if using a landline, e.g. (03)12345678

**Alternate phone number**

Please include the area code in brackets if using a landline, e.g. (03)12345678

**Email address \***

Please enter a valid email address so we can send you application confirmation and update emails

## Identification

You **must** provide evidence of your identification and current residential address. Please select your identification type(s) below that you are providing with your application.

**Note - Your Tasmanian driver's licence or Personal Information Card is the quickest and simplest form of evidence to verify your identification and residential address.**

## IMPORTANT

**Your application MUST include evidence of your identification and current residential address.**

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## Form Preview

### Photo Identification \*

- Tasmanian drivers licence
- Tasmanian Government Personal Information Card
- None of the above

At least 1 choice must be selected.

Providing photo identification will assist us process your application quicker

### Photo Identification Evidence

#### Photo identification attachments \*

Attach a file:

Please attach identification and residential address evidence

### Address Confirmation

#### Does the address on your photo identification match your current residential address? \*

- Yes
- No

If the address on your photo identification does not match your current address, supplied in this application form, you will be asked to provide additional address evidence.

### Personal Identification

#### Additional Personal Identification \*

- Passport
- Centrelink Card or Correspondence (showing your reference number)
- Other:

At least 1 choice must be selected.

#### Please provide personal identification documentation \*

Attach a file:

#### Additional identification comments - Optional

Please provide any additional comments in regards to your identification and evidence details

### Address Evidence

#### Additional Address Evidence - not more than 6 months old. \*

- Utility bill (power, water, gas)
- Council rates or notice
- Banks statement or letter
- Other:

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## Form Preview

At least 1 choice must be selected.

MUST show your name, address and not be dated longer than 6 months ago.

### Please provide your address evidence documentation

Attach a file:

### Residential Address comments - Optional

Please use this section to advise of any relevant information in relation to your current residential address.

## Emergency Assistance Grant amount

The available grant amount to you and your family at the same residential address is:

- \$250 per adult (18 years and over);
- \$125 per child (under 18 years); and
- up to \$1,000 for any one family.

*Examples:*

- *A household with one adult and two dependent children is eligible to apply for a grant of \$500 (\$250 + \$125 + \$125 = \$500).*
- *A household with two adults and four dependent children is eligible to apply for a grant of \$1,000 (\$250 + \$250 + \$125 + \$125 + \$125 + \$125 = \$1,000).*

**Important:** The total grant amount is calculated based on the information you provide, whilst your total amount below may show more than \$1,000, the maximum amount a household can receive is capped at \$1,000.

**Number of adults you are applying for (18 and over) \***

Number of adults (18 and over) living in the principal residence. Please enter 0 if none.

**Number of children you are applying for (Under 18) \***

Number of children (Under 18) living in the principal residence. Please enter 0 if none.

**Total adults and children applying for emergency assistance.**

This number/amount is calculated.

**Grant Calculation \***

This number/amount is calculated.

## Grant Requested

This number/amount is calculated.

**Maximum Grant \$1,000**

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## Form Preview

**Please note that the maximum amount you can received per family is capped at \$1,000.**

### Maximum Grant Amount

This number/amount is calculated.

### Medicare details

Your Medicare Card number is required as evidence of family composition when including family members in this application.

### Please enter your Medicare number \*

Must be 10 numbers with no spaces

### Please provide a copy of your Medicare Card \*

Attach a file:

### Family member details

Please enter the full name and age of the family members that are being included in this application.

### NOTE: to be eligible for funding family members must be shown on your MedicareCard

You can add more family members by clicking the 'Add More' button.

#### Full name

#### Age

| Please enter Full name | Please enter Age in Years. Enter "1" if child is less than 12 months. |
|------------------------|---|
| <input type="text"/>   | <input type="text"/>  |
| <input type="text"/>   | <input type="text"/>  |
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### Additional Adult(s) Identification

You're claiming for more than 2 adults. Please provide identification evidence for all adults claimed in the application, showing their Date of Birth to confirm eligibility.

Failure to provide evidence may affect the total amount of grant that can be received.

### Extra adult(s) identification document(s): \*

Attach a file:

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## Form Preview

### Total Grant Requested

#### Total Amount Requested

This number/amount is calculated.

This is the total financial support you are requesting in this application.

### Bank account details

Subject to your application being approved, payment of the grant will be made by direct deposit into the applicant's nominated bank account. If your bank uses OSKO you will receive your payment even sooner. To check if your bank uses OSKO check at [Search for your Bank to Get Started - Osko by BPAY](#)

Please note, incorrect bank details will delay the payment of the grant.

#### Bank account \*

Account Name

BSB Number      Account Number

BSB will be validated and must be 6 numbers only

### Declaration statement

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if my request is approved for funding, this request and any subsequent documentation in relation to this funding will form the terms and conditions of the funding provided. I also agree to cooperate with the department to provide any additional information on request that relates to this emergency support.**

**I authorise officers of the Tasmanian State Service to make any enquiries thought necessary to verify the information I have provided. I understand that if this claim is fraudulent, it will be reported to the relevant authorities.**

**By selecting Yes and submitting this request, I agree to the above declaration statement. \***

Yes

#### Additional Comments - Optional

Please provide any additional comments you may have in relation to this application

#### Additional supporting evidence - Optional

Attach a file:

You can attach any additional information here to support your application.

