

Constituency _____

MINISTRY OF LABOUR AND SOCIAL SECURITY

APPLICATION FOR REHABILITATION/COMPASSIONATE/EMERGENCY RELIEF

NAME: _____ (BLOCK CAPITALS) _____ (ALIAS) _____

ADDRESS: _____

AGE: _____ SEX: MALE () FEMALE ()

Cellular/Telephone # _____ TRN# _____

MARITAL STATUS: MARRIED () WIDOWED () DIVORCED ()
SINGLE () COMMON LAW () SEPARATED ()

PHYSICAL CONDITION OF APPLICANT/HEAD OF HOUSEHOLD: AGED () DISABLED () ABLE-BODIED ()

OCCUPATION: _____

PROPERTY TENURE: RENT/LEASE () OWN () FAMILY LAND () OTHER () (SPECIFY) _____

TYPE OF BUILDING

BOARD () WATTLE & DAUB () CONCRETE NOG () BLOCK & STEEL () OTHER (SPECIFY) _____

FAMILY MEMBERS

NAME	AGE	OCCUPATION	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAMAGE TO DWELLING

TOTALLY DESTROYED (SPECIFY) _____

SEVERELY DAMAGED (SPECIFY) _____

MINOR DAMAGE (SPECIFY) _____

NO DAMAGE TO DWELLING _____

DAMAGE TO FURNITURE/HOUSEHOLD CONTENTS (SPECIFY) _____

DID ANYONE FROM THE HOUSEHOLD DIE YES () NO () If yes, specify name, _____

AGE: _____ SEX: MALE () FEMALE ()

WAS ANYONE INJURED? YES () NO () If yes, specify name, _____

AGE: _____ SEX: MALE () FEMALE () NATURE OF THE INJURY _____

HOW HAS THE EVENT/DISASTER AFFECTED THE EARNING OF THE FAMILY?

TOOLS OF TRADE () (specify) _____ GOODS () (specify) _____

LIVESTOCK () (specify) _____ STALL () (specify) _____

FAMILY'S IMMEDIATE NEED

ASSISTANCE RECEIVED FROM ANY OTHER SOURCE YES () NO ()

RED CROSS () CHURCH () SALVATION ARMY () GOVERNMENT (specify) _____

IS HOUSEHOLD ON PATH? YES () NO () If yes, specify PATH # _____

SOCIAL WORKER'S REPORT

ESTIMATED VALUE OF LOSS \$ _____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE

Social Worker/Interviewer Name: _____ Signature: _____

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

TYPE OF GRANT APPROVED: _____

NOT APPROVED: _____

AMOUNT APPROVED: _____

PAYEE: _____

Authorizing Officer's Signature Date

Received from the Ministry of Labour and Social Security, the sum of _____
dollars

Cheque Number: _____ Date: _____

SIGNATURE OF APPLICANT DATE (Year/Month/Day)

WITNESS OR I.D.