



Essential Pack CLIENT FORM

The information on this form helps our social worker and service staff provide you with the best possible service. This is a simplified client form used for the purpose of distributing essential parcels in a national or local emergency. This information **will be kept confidential** except if you pose a real safety risk to yourself or to others. In this case we may have to share your information with other services.

Client Form – Essential Packs			
First Name			
Last Name		Current Vinnies Client?	Y N
Contact Number		Does Vinnies need to call?	Y N
Email			
Delivery Address			
Access to drop-off point information	<i>(e.g. apartment block security, dogs on site, leave at front gate etc.)</i>		
Income Source		Work & Income Food Grant Accessed?	Y N Trying
Referral Source			
Referral Contact			
Number of People in Household			
Adults		Children (+ ages)	
Essential Packs			
Food <i>1-week parcel</i>	Dietary requirements: Cooking facilities:		
Pregnancy Pack	<input type="checkbox"/> 0 – 3 month clothing (Boy / Girl / Unisex) <input type="checkbox"/> 3 – 6 month clothing (Boy / Girl / Unisex) <input type="checkbox"/> Bassinet pack (sheet set + blanket) <input type="checkbox"/> Cot pack (sheet set + blanket) <input type="checkbox"/> Nappies (baby weight in kg): <input type="checkbox"/> Baby Food/ Formula (baby age in months)		
Material Goods Office use only. <i>Must be for urgent needs only.</i>	<input type="checkbox"/> Clothing: <input type="checkbox"/> Bedding: <input type="checkbox"/> Cookware: <input type="checkbox"/> Heater		
Updated 14/08/21	OFFICE USE ONLY:	Delivery Day: On-going: Y / N Client in Database: Y	

Client Notes:

OFFICE USE ONLY

<i>DATE TAKEN</i>	<i>DELIVERY DATE</i>	<i>PARCEL TYPE</i>	<i>NOTES</i>