



Disaster Recovery Request Form

Submit completed forms to your organisation for uploading into GIVIT's Online Portal.
Note: Requests are not active until they are listed in the Online Portal by your organisation.

**** Please make sure that recipient(s) are aware that this is not a guarantee that the items requested will be sourced but every effort will be made to meet the request, with essential items being prioritised.**

Referral Process:

1. Establish and identify the need for requested items
(First consider: Insurance > Grant eligibility > own capacity to replace > GIVIT request)
2. Complete the Request Form below
3. Pass the GIVIT request form to your team leader or relevant person to enter into the GIVIT online portal

SECTION 1: ORGANISATION DETAILS

Organisation/agency

Team member name Referral date / /

SECTION 2: RECIPIENT DETAILS

Consent is given to place a request with GIVIT Verbal or signature: _____

First Name Surname

Phone Email

Address of impacted address*

Suburb State Postcode

*Address must be the recipient's impacted residential address, not their temporary/emergency accommodation address

Address of temporary accommodation

Suburb State Postcode

Indigenous Status: Aboriginal Torres Strait Islander Both Neither

Household composition: # of adults # children Renting or Owner-occupier

Home insurance: Yes No Flood cover: Yes No

Bushfire cover: Yes No Contents insurance: Yes No

Hardship categories – tick all that apply to this individual/family

Natural disaster	<input type="checkbox"/>	Domestic & Family Violence	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Economic Hardship	<input type="checkbox"/>	Mental Illness/Mental Health	<input type="checkbox"/>	First Nations Support	<input type="checkbox"/>
Sexual violence	<input type="checkbox"/>	Refugee/asylum seeker	<input type="checkbox"/>	Education support	<input type="checkbox"/>
Addiction	<input type="checkbox"/>	Physical illness/disability	<input type="checkbox"/>	Young person in/leaving care	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Aged Care	<input type="checkbox"/>		

SECTION 3: RECIPIENT STORY

Describe the situation: *Please tell us more about the situation as this helps GIVIT prioritise requests. Include: Impact of event on the household, pre-existing issues that impact on recovery, current challenges faced, how the items requested will assist the individual/family. Please also address each applicable hardship category in the story to give us a better understanding of their current situation.*

SECTION 4: ITEM DETAILS

Provide a detailed description of item/s requested:

Consider:

- Quantity required
- Preferred supplier if known
- Any restrictions (eg. bunk beds needed due to size of bedroom, front loader washing machine for disability)
- Model or type for electrical equipment including pumps and generators

SECTION 5: DELIVERY DETAILS

eVoucher – Recipient can take the voucher to the store to select item/s	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Special order required. GIVIT to arrange delivery direct from the store to the recipient’s address	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Requesting agency can assist with the pick up/delivery of locally donated item	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>