

Assessment number

**HEALTH AND  
HUMAN SERVICES  
EMERGENCY  
MANAGEMENT**

# Needs Assessment Form

## Emergency Relief

LGA

Incident Date

 /  / 

RIEMS Ref Number

Bushfire  House fire  Flood  Storm  Other

### 1. Affected address (the address of the property that has been affected)

Unit/Level No.	<input type="text"/>	Street No.	<input type="text"/>
Street Name	<input type="text"/>	Street Type	<input type="text"/>
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Principal place of residence (please tick ✓) <input type="checkbox"/> Y <input type="checkbox"/> N			
Multiple dwelling on the same property (please tick ✓) <input type="checkbox"/> Y <input type="checkbox"/> N			

### 2. Household details (the household members that reside at this address)

Given name	Surname	Initial	Male/Female	DOB	Relationship to primary contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	

### 3. Current contact address (where the household has relocated to)

Same as above	<input type="checkbox"/> Y (skip to next section)				
Unit/Level No.	<input type="text"/>	Street No.	<input type="text"/>		
Street Name	<input type="text"/>	Street Type	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>	LGA	<input type="text"/>

### 4. Current Contact details (how we will make contact with the applicant)

Home phone	<input type="text"/>	Mobile	<input type="text"/>	Business phone	<input type="text"/>
Email	<input type="text"/>				
Preferred contact	<input type="checkbox"/> Home phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Business phone				

### 5. Current postal address (where we should send mail to)

Same as	<input type="checkbox"/> Affected Address <input type="checkbox"/> Contact Address				
Suburb	<input type="text"/>	Postcode	<input type="text"/>		
PO Box/RMB	<input type="text"/>				
<b>OR</b>					
Unit/Level No.	<input type="text"/>	Street No.	<input type="text"/>		
Street Name	<input type="text"/>	Street Type	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>		

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**6. Damage assessment (how has the property been affected)**

Impact	Assessment	Description
Destroyed	<input type="checkbox"/>	Premises has been destroyed or damaged beyond repair.
Major	<input type="checkbox"/>	Premises not habitable for a short period < 2 months. Premises may have damage to non-essential areas or damage that can be repaired in a short time.
Moderate	<input type="checkbox"/>	Premises is habitable but non-essential areas such as bedrooms have been impacted. Premises may be temporarily uninhabitable (estimated < 1 week) while repairs are carried out.
Minor (habitable)	<input type="checkbox"/>	Premises is habitable. Premises impacted mostly externally with no residual affect.
Other	<input type="checkbox"/>	Other situation, for example people who are unable to leave an affected area.
Inaccessible	<input type="checkbox"/> Time: <input type="text"/> days	Premises impact is unknown as the applicant evacuated before impact. Indicate how long the premises is likely to be inaccessible for.
Flooded above floor	<input type="checkbox"/>	Premises has been flooded to above floor level.

**7. Property details**

Dwelling type (please tick ✓)	<input type="checkbox"/> House	<input type="checkbox"/> Flat/Unit	<input type="checkbox"/> Caravan	<input type="checkbox"/> Other <input type="text"/>
Occupancy type (please tick ✓)	<input type="checkbox"/> Owner/Occupier	<input type="checkbox"/> Private tenant	<input type="checkbox"/> Public housing tenant	<input type="checkbox"/> Other <input type="text"/>
Insurance coverage (please tick ✓)		<b>Insured</b>	<b>Uninsured</b>	<b>Unsure</b>
	Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Insurer			

**8a. Urgent needs assessment (what are the urgent needs of the household members) (please tick ✓)**

Pressing health needs	<input type="checkbox"/> Y <input type="checkbox"/> N	Referred	<input type="checkbox"/> Y <input type="checkbox"/> N	Details	
Pressing support needs	<input type="checkbox"/> Y <input type="checkbox"/> N	Referred	<input type="checkbox"/> Y <input type="checkbox"/> N	Details	

**8b. Needs assessment (what are the needs of the household members that need referral to another service) (please tick ✓)**

Individual	Household	Primary Production/Business
<input type="checkbox"/> Financial Support (Non-PHAP)	<input type="checkbox"/> Clean up	<input type="checkbox"/> Boundary fencing
<input type="checkbox"/> Insurance advice	<input type="checkbox"/> Building inspection	<input type="checkbox"/> Disposal of dead stock
<input type="checkbox"/> Non-food items	<input type="checkbox"/> Sewerage repairs	<input type="checkbox"/> Fodder
<input type="checkbox"/> Emergency accommodation	<input type="checkbox"/> Electricity	<input type="checkbox"/> Animal welfare (livestock or wildlife)
<input type="checkbox"/> Trauma support counselling	<input type="checkbox"/> Gas	<input type="checkbox"/> Small business issues
<input type="checkbox"/> Childcare	<input type="checkbox"/> Telecommunications	
<input type="checkbox"/> Animal Welfare (companion animals)	<input type="checkbox"/> Dam water replacement	
<input type="checkbox"/> Medical/medication needs	<input type="checkbox"/> Water (mains or other)	
<input type="checkbox"/> Farming/DPI needs	<input type="checkbox"/> Info Pack <input type="checkbox"/> Supplied or <input type="checkbox"/> Required	
<input type="checkbox"/> Interpreter		
<input type="checkbox"/> Transport		

**9. Form completed by (details of the assessing officer completing the form)** Entered into RIEMS

Name	<input type="text"/>	Phone	<input type="text"/>	Mobile	<input type="text"/>
Assessment date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Location (e.g. ERC)		<input type="text"/>	<input type="text"/>

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# Emergency Relief Assistance Payment Application

Complete this section to apply for an Emergency Re-establishment Assistance Payment.

10. Emergency relief assistance payment details	
Is the identity of the applicant able to be confirmed (please tick ✓)	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>If yes</b> , note confirmation details (e.g. Drivers Licence number)	
Has any member of the household member previously applied for an ERAP (please tick ✓)	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>If yes</b> , note exceptional circumstances for additional assistance	
Emergency Relief Assistance Payment approval (please tick ✓)	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Does the applicant hold a Health Care Card (please tick ✓)	<input type="checkbox"/> Y <input type="checkbox"/> N
Providing approximate household income will help us to determine additional assistance that we may be able to provide at a later date. (please tick ✓)	<input type="checkbox"/> Under \$40,000 <input type="checkbox"/> \$40,000 – \$70,000 <input type="checkbox"/> Above \$70,000 <input type="checkbox"/> Not provided

11. Statement			
<b>I declare that:</b>			
<ul style="list-style-type: none"> <li>I have been adversely affected by an emergency.</li> <li>That I or any household member have not already claimed this financial assistance payment in this emergency.</li> </ul>			
<b>I understand that:</b>			
<ul style="list-style-type: none"> <li>Giving false or misleading information is a serious offence.</li> <li>The Department of Human Services can make relevant enquiries to ensure that I receive the correct assistant payment.</li> <li>I must notify the Department of Human Services of any changes to this information within 14 days.</li> <li>I am entitled to access to the information collected about me/my family in accordance with relevant privacy legislation.</li> <li>Refer to the Privacy Statement on page 4.</li> </ul>			
Applicant's Name	<input type="text"/>	Applicant's Signature	Date / /

12. Direct Deposit Payment details (how you are paying ERAP)				
Payment received by the applicant in the presence of assessing officer named below.				
Officer's Name	<input type="text"/>	Officer's Signature	<input type="text"/>	Date / /
Bank Name	<input type="text"/>	Account Name	<input type="text"/>	Amount \$
BSB number	<input type="text"/>	Account number	<input type="text"/>	
<b>Debit card</b>	Card number	<input type="text"/>	Amount	\$
<b>Debit card</b>	Card number	<input type="text"/>	Amount	\$
<b>Debit card</b>	Card number	<input type="text"/>	Amount	\$
<b>Cheque</b>	Cheque number	<input type="text"/>	Amount	\$
<b>Assistant amount</b>				\$

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## Privacy Notice

The personal information (including health information, if any) requested on this form or in connection with this form (**'Information'**) is collected by the Department of Human Services (**'Department'**) for the following purposes:

- assessing your eligibility (and the eligibility of others identified on the form) for emergency relief or assistance from the department, including emergency relief and re-establishment assistance payments;
- verifying the accuracy of any Information provided;
- undertaking data analysis or research relating to emergency response, relief and recovery (regardless of whether you have been deemed eligible or ineligible for emergency relief or assistance).

Your Information may be disclosed to other government and non-government organisations involved with emergency response, relief and recovery activities, for the purposes of verifying the accuracy of any Information you have provided, identifying any suspected false or fraudulent applications for assistance, and notifying relevant organisations that you may

be eligible for further emergency services offered by those organisations. Such organisations may include (but are not limited to) local governments, Centrelink / Commonwealth Department of Human Services, Victorian government departments such as the Department of Health and the Department of Primary Industries, Red Cross, Salvation Army, Insurance Council of Australia, Victorian Council of Churches, Victorian Farmers Federation, emergency services organisations, not-for-profit organisations, community services organisations, community health services organisations and organisations or service providers that assist with recovery activities.

If you do not provide the requested Information, the Department will not be able to provide you with emergency relief or re-establishment assistance.

If you have any queries relating to the collection or use by the Department of your information, or if you wish to access or correct your information, please contact the Department of Human Services on **(03) 9096 8849** or at **semc@dhs.vic.gov.au**.