

HARDSHIP UTILITY GRANT SCHEME (HUGS) Application Form

Fax or email this form, which should be completed and endorsed by a financial counsellor, to the HUGS Unit immediately after assessment interview with the applicant

Telephone: 9222 2739

Fax: 9221 0178

Email: HUGS2@dcp.wa.gov.au

Applicant's Utility Account

Account Number

Synergy

Horizon

Water Corporation

Name of Account

Note: Please attach copy of utility account to this application

Date of Referral by Utility

Expiry Date of Moratorium

Or Disconnected

Yes

No

Has the applicant been provided with a HUGS grant(s) within the past 12 months ?

Yes

No

If yes, grant amount

\$

Total outstanding amount

\$

Grant amount applied for

\$

Applicant contribution

\$

Other sources of contribution

\$

Please provide details below

Applicant receiving all relevant rebates prior to HUGS application

Yes

No

Applicant Personal Details

Full Name

Address

Postcode

Telephone Number

Main Source of Income

Family Status

Single

Couple

Couple and dependent children

Single and dependent children

Number of children

Gender

Male

Female

Ethnicity

Aboriginal and Torres Strait Islander (ATSI)

Culturally and Linguistically Diverse (CALD)

English Speaking Background (ESB)

Reason for Applying for this Grant

Please provide details below

Exceptional Circumstances – please provide details below

Authority for Exchange of Information on behalf of the Applicant

I authorise _____

(name of authorised Financial Counselling Service)

to exchange information on my behalf with Synergy, Horizon Power, Water Corporation and/or the Department for Child Protection HUGS Unit in respect of my application for a HUGS grant to assist with payment of my electricity/water account or nomination for the Hardship Efficiency Program (HEP).

Applicant's signature _____

Date _____

Referring Financial Counselling Service Details

Financial Counselling Service	
Telephone Number	
Date of Assessment	
Assessed by	
HUGS Number	
Email Address	

Applicant to return for further financial counselling appointments

Financial Counsellor's signature _____

Date _____

Financial Counsellor’s Recommendation

Based on information provided by client at time of assessment:

Applicant meets the criteria for a HUGS Grant Amount: \$

Applicant does not meet the criteria for a HUGS Grant

Reason:

Nomination for Hardship Efficiency Program (HEP)

Nomination for HEP under Special Circumstances

HUGS Unit Payment Details

(To be completed by HUGS Unit staff only)

Payment amount

Date payment processed

Payment reference number

Payment not processed

Reason

Endorsed by

(Please print name of HUGS Grant Officer) _____

Signature _____

Date _____

Note: HUGS is joint initiative between the Office of Energy, Synergy, Horizon Power, Water Corporation, Department for Child Protection, Financial Counsellors’ Association of Western Australia and Western Australian Council of Social Service. It is administered by the Department for Child Protection. Information provided in this application will be kept confidential and used strictly for the purpose of grants administration only.