

# Olivia's Place Material Assistance Agency Request Form

Agency: \_\_\_\_\_ Agency Worker Making Request: \_\_\_\_\_

Request Date: \_\_\_\_\_ Required Date: \_\_\_\_\_ Contact No. \_\_\_\_\_

Email: \_\_\_\_\_



Items Requested:		
Qty.	Item Type	
	Baby Bundle (New Mum) <small>(Newborn Only Pls Specify Prem)</small>	Girl/Boy/Neutral
	Baby Bath	
	Baby Carrier	Type:
	Preloved Baby Clothing Package <small>(Premmie to Sz 1)</small>	G/B/N Sz:
	Baby Wipes (new in packet)	
	Breast Pump (manual only) – please contact us to discuss electrical if urgent	
	Breastfeeding Pillow	
	Car Restraint (newborn only)	Item No:
	Baby Change Mat	
	Cot (with mattress)	Item No:
	Cot Sheets	
	Linen Pack (Cot Blankets)	
	Maternity Clothes <small>(Sizes 8 to 18+ Tops &amp; Bottoms)</small>	Sz:
	Microwave Steriliser	
	Nappies (New Packet)	
	Pram (suitable for newborn)	Item No:
	- Toddler seat	
	- Bassinette	
	- Sun Cover	
	- Rain Cover	
	Safe Sleeper	
	Other Items:	each item \$

NB: This form **must** be accompanied by an *Authority to Release Information* form signed by your client. Once forms are received, we will contact client to perform an intake, then contact you directly to confirm items requested are available for collection. Intake is performed on Fridays and items are typically available the following week. You will be advised if there is a delay to receiving items for the client. Should you require items more urgently, please indicate this on the form, in your email, or by phone.

Return completed forms to:  
[support@oliviasplace.org.au](mailto:support@oliviasplace.org.au)  
 or phone 03 5622 1022

**Family Details:**

Postcode: \_\_\_\_\_ # Children under 12m: \_\_\_\_\_

Maternal Age: \_\_\_\_\_ Health Care Card? Y/N

Pregnant OR New Baby (please circle) Aboriginal/TSI? Y/N

# Children in family: \_\_\_\_\_ Reasons for Disadvantage (See Codes Below): \_\_\_\_\_

- Reasons for Disadvantage Coding:**
- |                            |                                |                            |
|----------------------------|--------------------------------|----------------------------|
| 1 – Disability             | 4 – Kinship Care               | 7 – Migrant/Refugee/Asylum |
| 2 – Family Violence        | 5 – Life Controlling Addiction | 8 – Youth                  |
| 3 – Homeless or at Risk of | 6 – Low Income                 | 9 – Mental Health          |
|                            |                                | 10 - Other                 |

**Office Use Only:**

Request Received By & Date: \_\_\_\_\_ Items Collated & Agency Notified Date: \_\_\_\_\_

Have you checked this form has a corresponding Client Data Sheet? **Y/N** *(If N, please alert Client Consultant ASAP)*

Canvas Distribution Record Completed? **Y/N** Client Data Sheet Online Survey Monkey Completed? **Y/N**