



COVID ASSISTANCE

FOR CHILDREN WITH DISABILITIES

URBAN FARMING PROJECT APPLICATION FORM

Thank you for your interest in applying for FHO's Urban Farming Pilot Program. Your responses to this application will be vetted against the eligibility criteria for this program. Please note that only a limited number of applicants will be selected for the program subject to our budget. Your responses will remain confidential to the Frank Hilton Team.

Part A General Information

- 1) Name of child:
- 2) Child's Date of Birth: 3) Is your child current receiving support/therapy at FHO? Yes No
- 4) Mother's name: 5) Father's name:
- 6) Care giver's name (if different from mother/father):
- 7) Home address:
- 8) Phone Contact(s):

Part B Family Status

- 1) How would you describe your family setup: Nuclear Family (Mum & Dad with children)
 Single-Parent Family Extended Family (Grandparents or other relatives residing with you)
- 2) How many members are in your family? 3) How many members of your family are working?
- 4) How many members of your family are not working?
- 5) How many children below the age of 18 are in your household?
- 6) What is your combined family income per week?
 \$0-100 \$100-\$200 \$200-\$300 \$300-\$500 more than \$500
- 7) Are all eligible members of the family fully vaccinated?? Yes No
- 8) How many eligible individuals in your family are not fully vaccinated?
- 9) Does your family receive Social Welfare Assistance? Yes No
 If yes, what forms of support does your family receive from social welfare?
 Disability Allowance Poverty Benefit Scheme Social Pension Scheme
 Other (please specify)
- 10) Has your family been affected by COVID-19? Yes No
 10a. If yes, how?
 Loss of employment Decrease in family income Loss of Family Member(s)
 Other (please specify)

Part C Person Participating in the Project

- 1) Name of person participating in the project:
- 2) Date of Birth: 3) TIN Number: 4) Contact(s):
- 5) Vaccination Status: Fully vaccinated Partially vaccinated Unvaccinated
- 6) Relationship to the Child with Disability:
 Father Mother Grandparent Brother Sister
Other (please specify)
- 7) Marital Status: Married Single De Facto Separated Divorced Widow/Widower
- 8) Person's current work status: Employed Unemployed Self-employed
- 8a. If employed, please state place of work and work title:
- 8b. If unemployed, please state your last place of employment and period of employment

Part D Urban Gardening Project

- 1) Do you currently have a a garden? Yes No
(If yes, please proceed to section E. If no, please proceed to Section F.)

Part E If you have a garden at home:

- 1) What do you grow in your garden?
- 2) Which gardening tools/resources do you have?
 Hosepipe Gardening tools Seeds Seedlings Fertilizer
Other (specify)
- 3) Which gardening tools/resources do you need assistance with?
 Hosepipe Gardening tools Seeds Seedlings Fertilizer
Other (specify)
- 4) How long have you been gardening for? Months/Years
- 5) Are you willing to attend trainings on backyard gardening? Yes No
- 6) Do you sell any vegetables grown from the garden? Yes No
- 6a.If yes,:
- i. Does it help with family expenses? Yes No
- ii. does it help with the food and nutritional needs of the child? Yes No

Part F If you do not have a garden at home:

1) What are the reasons that you do not have a garden at home?

- Lack of space in compound for planting Don't have tools or resources for planting
 Don't know how to plant Don't have money to start gardening
 Don't have enough time The soil isn't good for planting
 Unable to plant due to issues relating to health or disability

Other (specify)

2) Would you like to start gardening at home? Yes No

2a. If yes, why would you like to starting gardening now?

- For fresh and healthy food for my children It is difficult to buy food from market/supermarket
 To save money To learn or try something new It is healthy exercise
 To improve my lifestyle

Others (please specify)

3) How much experience do you have with planting vegetables? None Little A lot (very experienced)

4) Which gardening tools/resources do you have?

- Hosepipe Gardening tools Seeds Seedlings Fertilizer

Other (specify)

5) Which gardening tools/resources do you need assistance with?

- Hosepipe Gardening tools Seeds Seedlings Fertilizer

Other (specify)

6) Which vegetables would you like to grow?

7) Are you willing to attend trainings on backyard gardening? Yes No

Part G General

1) Your current residential status is:

- Living in own home We are renting We live in an informal settlement
 We stay with our relatives We stay in the village

Other (please specify)

2) Do you have space for gardening at your current residence?

- Yes, there is space and we can use it for gardening. Yes, there is space but the soil isn't good for planting.
 Yes, there is space but I am unsure if we can use it for gardening. No, there is no space for planting.

