



Application For Funding Form

Submission Details:	
(Please complete this section if you are submitting an application on behalf of another person, or as a contact for a family application.)	
First Name:	Surname:
Address:	Postcode:
Phone Number:	Mobile Phone number:
Email Address:	

Applicant Details:			
First Name:		Surname:	
Date of Birth:			
Address:		Postcode:	
Phone Number:		Mobile Phone number:	
Email Address:			
Marital status: (Please circle)		SINGLE	MARRIED
DEFACTO			
Details of Children in family;			
Name:		Age:	
Name:		Age:	
Name:		Age:	
Have you received financial support from any other organisations or charities? YES NO (If yes please state from who, the amount, and how often.)			

SIGNED BY APPLICANT:	DATE:
I declare that the information in this document is true and correct and understand that any false information provided may be fraudulent and affect my application.	
Are you interested in sharing your story with our media team, eg WIN news, i98FM Community Before Commission website, facebook etc?	
YES	NO
NOTE: we respect that this is a personal decision. Sharing your story will help encourage other families in similar situations to apply for funding available.	
Referrer (Doctor or specialists details):	
Title:	Name:
Have you attached a signed letter from the above referrer confirming your diagnosis with this application?	
YES	NO
NOTE: Applications without this required documentation will not be considered	

Supporting Documentation

Please provide supporting documentation for one or more of the following options:

Applicant Name:

FAMILY RELIEF FUNDING - Food & Fuel Vouchers

Required documentation;

- Letter from referrer regarding diagnosis/condition
 - Application form & copy of photo identification or utility bill as proof of residence
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MEDICAL SUPPORT FUNDING - Medication support

Required documentation;

- Letter from referrer regarding diagnosis/condition
 - Application form & copy of photo identification or utility bill as proof of residence
 - Pharmacy details where you would like an account set up. Payment of this option will be directly to the pharmacy.
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MEDICAL SUPPORT FUNDING - Medical Equipment support

Required documentation;

- Letter from referrer regarding diagnosis/condition
 - Application form & copy of photo identification or utility bill as proof of residence
 - Quotation for the equipment required. Payment of this option will be direct to the supplier.
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OTHER (please list)

Required documentation;

- Letter from referrer regarding diagnosis/condition
- Application form & copy of photo identification or utility bill as proof of residence
- For equipment purchases please also include quotation from equipment provider

I acknowledge that I have read and agree to the terms and conditions

I confirm that the information given in this form is true, complete and accurate

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed

For further enquiries please call 4267 5377 or email community@dignam.com.au

PLEASE SUBMIT ALL APPLICATIONS + SUPPORTING DOCUMENTS BY

Emailing community@dignam.com.au or

Post 322 Princes Highway, Bulli NSW, 2515