Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

Deakin Allen & Marj Coombs
Children's Welfare Trust (Hereinafter The Trust)
The Trust was established to offer financial assistance to parents, or guardians, of children, up to 18 years of age, who are undergoing protracted medical treatment for illness or injury who live in the area administered by the Shire of Mansfield, Victoria. Applicants must be in "Necessitous Circumstances", that is when a person's financial resources are insufficient to obtain all that is necessary to support a modest standard of living in the Australian community.

Assessment
The trustees of The Trust must approve all applications. When assessing applications the trustees must be sure that Applicants cannot meet treatment or associated costs from existing funds. Assistance will not be given in circumstances where applicants are merely deferring expenses to The Trust that could be met by the applicant. The Trust will endeavor to meet the shortfall, not the total expense.

Please note that The Trust is a charity and as such has limited financial resources and may not be able to meet any or all the expenses claimed.

Additional Information

- Applicants will be required to provide evidence of medical diagnosis of the illness and treatment regime. This could be in the form of a letter from the Paediatric Social Worker at the treating hospital or a registered Medical Practitioner.
- Any additional documentation that you feel may support your application such as bank statements should be attached.

Confidentiality

The Trust and it's trustees will treat all information disclosed in this application as strictly confidential.

Applicants consent to The Trust collecting Personal Information about them and the Potential Beneficiary for the purpose of The Trust's trustees considering whether to provide financial assistance to the Potential Beneficiary.

Application Date: _____

Applicant to sign

Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

Potential Beneficiary's Details

Child's Surname: _____

Child's Given Names: _____

Address:

Street: _____

Suburb/town: _____

Post Code: _____

Date of Birth: _____ Age: _____

Gender: Male Female (circle choice)

Applicant's Details

Title: _____ Surname: _____

First Name: _____

Postal Address:

Street: _____

Suburb/town: _____

Post Code: _____

Phone Number: _____ Mobile: _____

Additional Details

1. Does the potential beneficiary live in the Mansfield, Victoria Shire? Y N (circle choice)

2. Apart from the Potential beneficiary how many children live in the household? Include ages:

Applicant to sign

Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

3. Name of treating doctor: _____

4. Address of treating doctor: _____

_____

5. Telephone of treating doctor: _____

6. Name of treating hospital: _____

7. Address of treating hospital: _____

_____

8. Does the potential Beneficiary or their parents or legal guardian receive any government benefits? Y N (circle choice)

If yes, please provide details:

9. is the potential beneficiary or parents / guardians entitled to receive a payment from an insurance or legal claim? Y N. (circle choice)

10. Please describe why the applicant is in need of financial assistance.

Applicant to sign

Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

11. What is your work / income situation? Has it changed recently? If so How?

12. How much financial assistance does the applicant expect to require? $_____ Over what period? _____

13. What will financial assistance, if granted, be used for?

14. Is the potential beneficiary or the applicant entitled to receive funds from another source for part or the entire amount you require? Y N (circle choice)

If yes please indicate the source and amount:

Applicant to sign

Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

Financial Circumstances

These questions may seem intrusive but they are necessary to prove a case of Necessitous Circumstances (someone facing financial hardship) to comply with the Australian Charities And Not For Profit Commission (ACNC). This information will be used solely by the Trust to determine the outcome of your application.

15. Applicant's statement of financial position.

Assets	**Value**
Bank account savings	$
Investments	$
Real Estate	$
Furniture and household goods	$
Motor vehicles	$
Superannuation benefits	$
Other assets	$
Sub Total assets	$

Liabilities	**Currently owing**
Bank Overdraft	$
Bank Loans	$
Personal Debts	$
Hire Purchase	$
Credit Cards	$
Store Cards	$
Income Tax	$
Other liabilities	$
Sub Total Liabilities	$
Total Assets less liabilities	$

Income	**Monthly Amount**
Salary, wages, stipends	$
Interest & Dividends	$
Government benefits	$
Total Monthly Income	

Applicant to sign

Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

Outgoings	Monthly Amount
Rent or mortgage	$
Utilities	$
Housekeeping, food etc.	$
Transport	$
Medical	$
Income Tax	$
School	$
Other expenses	$
Total monthly outgoings	$
Total Income Less Outgoings	$

16. Please advise your bank details so that we can transfer funds direct to your bank account should your application be approved.

Name of account: _____

BSB: _____ Account Number: _____

Name of bank: _____

Please note:

Original tax receipts are required for all expenses. We are unable to reimburse any expense without an original tax receipt.

What does the Trust cover and what it will not

The Trust's principal purpose is to offer assistance to families facing financial hardship as a result of expenses associated with the medical treatment of a child.

May Cover
Depending on the degree of financial hardship being faced by the applicant the fund may cover part or all of the following:

1. Some medical expenses not covered by Medicare or private health insurance.
2. Medical aids.
3. Reasonable travel and accommodation expenses.

Applicant to sign

Deakin Allen & Marj Coombs Children's Welfare Trust

ABN: 91 796 828 603

Application For Financial Assistance
Strictly Confidential

Will Not Cover

The Trust will not cover:

1. Medication
2. Excess accommodation expenses.
3. Mini Bar expenses.
4. Food
5. Alcohol & tobacco.
6. Clothing, except of a medical nature.
7. Parking fines and/or traffic fines.
8. Expenses without a tax receipt.
9. Unclaimed expenses more than 3 months old.

Applicant's Declaration

I declare that all information supplied in this application is, to the best of my knowledge and belief, complete and accurate.

I also declare that I will cooperate with the Trust and it's Trustees in their assessment of this application, including, to the extent that I have authority to do so, by facilitating access by the Trust and it's trustees to medical practitioners and care givers either referred to in this application, or otherwise directly relevant to the assessment of this application.

I authorize my medical practitioners to provide information to the trust to support my claim.

Applicant to sign