

REGISTRATION

APPLICATION FOR FINANCIAL ASSISTANCE 2007

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION

- Level of assistance depends on degree of need, level of demand, availability of funding and past assistance. **On average the level of assistance varies between \$20.00 - \$200.00 per applicant.** If your application is only part approved or not approved you will be advised in a letter why this is so. If you wish the committee to reconsider your application because of special circumstances or if you are unhappy with some aspect of the DWF process this must be put in writing and forwarded to the DWF committee.
- Please make sure ALL parts of the application are completed. The checklist on page 6 of the registration will assist you with this. Applications that are not completed will NOT be approved.
- Demand on the fund is high, so ensure that your application is correctly completed. It may be to your advantage to access a hospital social worker, community support program worker, AHAG housing officer (for private rental or removal requests) or RDNS to assist with your application.
- The fund is unable to assist with legal fees, fines, personal loans, pawned items, house & contents insurance, comprehensive car insurance, call charges on your telephone, funerals after the DWF client's death, credit card debt, or bills/items already paid.
- **All applications must be lodged by 4.00 p.m. Friday.** All applicants are advised of the outcome by mail or, if nominated, when they pick up the cheque on Thursday.
- As a publicly funded organisation we are bound by the Victorian privacy laws - the *Information Privacy Act 2000* and the *Health Records Act 2001* - as well as other laws which impose specific obligations in regard to handling information. All files are shredded if not used for seven years.

PERSONAL DETAILS:

Name:

Address:

 Postcode:

Postal Address (if different from above):

Phone: **Date of Birth:**

IF YOU DO NOT WANT MAIL SENT TO YOUR HOME ADDRESS, PLEASE MARK THIS BOX

Date:

Case Worker's Name:
(OPTIONAL)

☎:

Place where application is made:

How did you hear about the fund? _____

1. **FINANCIAL INFORMATION**

A. **INCOME** (please express in amounts **per fortnight**)

Centrelink Customer Reference Number (C.R.N.)

Please place an "x" in the left hand column for your source of income.
Please write the amount of each income in right hand column.

<input type="checkbox"/>	Disability allowance	\$
<input type="checkbox"/>	Sickness benefit	\$
<input type="checkbox"/>	Family allowance	\$
<input type="checkbox"/>	Newstart	\$
<input type="checkbox"/>	Carers pension	\$
<input type="checkbox"/>	Supporting parents benefit	\$
<input type="checkbox"/>	Austudy	\$
<input type="checkbox"/>	Rental subsidy	\$
<input type="checkbox"/>	Salary	\$

Total Payment Received: \$

Other income (eg, superannuation, work). Please provide details of all other
Sources of income including amounts received. \$

Total Income from All Sources: \$

B. **EXPENDITURE** (please express in amounts **per fortnight**)

Accommodation (please put an "x" in left hand column where applicable)

If you share accommodation, please state how many
people you share with:

<input type="checkbox"/>	Ministry of Housing (Public Housing)	\$
<input type="checkbox"/>	Rent (Private Housing)	\$
<input type="checkbox"/>	Mortgage	\$
<input type="checkbox"/>	Board	\$
<input type="checkbox"/>	Other (please state)	\$

Payment per fortnight: \$

Living Costs

Please indicate cost per fortnight for the following expenses.

Electricity	\$
Gas & Fuel	\$
Water	\$
Telephone	\$
Credit Cards/Account type:	
<i>Amount outstanding</i>	\$
<i>Payments per fortnight</i>	\$
Personal Loan(s) type:	
<i>Amount outstanding</i>	\$
<i>Payments per fortnight</i>	\$
Food	\$
Travel/Motor Car	\$
Cigarettes	\$
Entertainment	\$
Medicines/Treatments	\$
Other regular expenses	\$
Please describe other expenses:	

Total Expenditure:	\$
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SUMMARY OF INCOME AND EXPENDITURE

Total Income:	\$
Total Expenditure:	\$
Balance Outstanding:	\$

2. GENERAL INFORMATION

What year were you diagnosed?	
Have you been diagnosed with Hepatitis C?	
Are you from a non-English speaking background?	
Are you from an Aboriginal or Torres Strait Islander background?	

3. CLIENT STATEMENT

I authorise the David Williams Fund coordinator to seek verification if and where necessary to confirm any information provided in this application or any applications I may make in the future. I certify that all the information provided is true and correct.

Client's Signature

Date:

Witnessed by Case worker (optional):.....

4. VERIFICATION OF HEALTH STATUS

All applicants registering for DWF financial assistance **must provide a medical certificate to verify health status.**

5. VERIFICATION OF PENSION OR HEALTH CARE CARD

All applicants registering for DWF financial assistance **must provide a copy of their pension or health care card.**

6. REQUEST FOR FINANCIAL ASSISTANCE

Please note you may request multiple items but there is no guarantee that these will be granted.

AMOUNT	PURPOSE
\$	
\$	
\$	

If you are requesting assistance to replace stolen goods, a police report must accompany your application.

Are you requesting assistance with any of the following?

- Refrigerator
- Washing machine
- Dryer
- Microwave
- Heater
- Television
- DVD recorder
- Mattress and/or base (Queen size is assumed unless advised otherwise)

If **“Yes”** you do not need to attach quotes as the DWF has a distributor that will supply these items brand new. **HOWEVER YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL YOU HAVE TICKED AN OPTION BELOW:**

Can your name, address and phone number be given to the distributor who will contact you to arrange a delivery time?

I consent to my name, address and phone number being given to the DWF supplier (please tick below):

YES _____ NO _____

CHECKLIST

Please tick the appropriate boxes

If you haven't attached the appropriate documentation your application will be delayed until the documentation has been provided

<input type="checkbox"/>	If you are a new client have you attached verification of your health status , such as a letter from your doctor?
<input type="checkbox"/>	Have you attached a current copy of your healthcare or pension card ?
<input type="checkbox"/>	Have you lived in Melbourne for three months or more? If “no” please attach a supporting letter from a caseworker or doctor from the state you last resided in.
<input type="checkbox"/>	Have you completed the “supporting statement” on the application (in support of your application) indicating your current financial situation and degree of need?
<input type="checkbox"/>	<ul style="list-style-type: none"> • If you are applying for rent assistance and your name is on the lease have you attached your lease agreement? • If your name is not on the lease have you attached a letter from the person from whom you are renting verifying this PLUS a copy of their lease OR if they own the property a copy of their rates notice indicating this? • If you are on a disability support pension have you been to AHAG (ph: 9417-4311) in the first instance if your request is for private rent assistance?
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	If you are applying for help with a bill have you attached a copy of the bill and is it in your name? The DWF will not assist with bills not in your name.
<input type="checkbox"/>	<ul style="list-style-type: none"> • Have you attached two quotes from two different retailers for any item you want to purchase with the exception of refrigerators, washing machines, dryers, microwaves, heaters, televisions, video recorders and beds? • If you are applying for assistance with clothing have you gone to K-mart or Target written down the item, brand and price of the clothing you require and attached it to this application?
<input type="checkbox"/>	
<input type="checkbox"/>	Have you attached two quotes from two different providers for any medically related service you want? If you are using Dental Plus for dental service or Melbourne Optometry Clinic for optometry only this one quote is needed. If you have your own medical provider and want to continue using their service please document this in a letter.
<input type="checkbox"/>	Have you attached two quotes from two different providers for other services , such as removalists, car and electrical repairs?
<input type="checkbox"/>	If you are applying for assistance with air-coolers or video recorders have you attached a supporting letter from a health professional confirming that you are housebound or extremely socially isolated?
<input type="checkbox"/>	Have you attached a police report if you are requesting assistance with stolen goods ?
<input type="checkbox"/>	If you are unsure whether you have filled out the application correctly or would like to see the DWF coordinator, please call to make an appointment on 9863 0444

<i>OFFICE USE ONLY</i>				
<u>REQUEST OUTCOME</u>				
Date:				
	Yes	No	Part paid	
Approved:				
Reason for non-approval or part approval:				

Purpose	\$
Purpose	\$
Purpose	\$
Purpose	\$
Total Amount Approved	

Signature DWF Officer: