

CRITICALLY ILL PATIENT SUPPORT

APPLICATION FORM



NAME: _____

ADDRESS: _____

DOB: ___/___/___ Mobile: _____ Home: _____

Fax: _____ Email: _____

1. Language Group: Niyipali Banyjima Innawonga

Brief description outlining of this request:

Description ↓	Amount

2. Supplier Details
Include Name and contact phone and fax # also how Supplier would like their payment (e.g. Purchase Order, Direct Deposit, BPay, Credit Card)

Company Name ↓	Phone #	Fax #

NOTE:

- (1) Your application will be processed when it is fully complete with appropriate documentation/quotes attached. Food/Fuel vouchers can take up to 2 days, all other applications may take up to 7 days.
- (2) If you are unhappy with the decision you can appeal. GAC can assist you with this.
- (3) Payments are **ONLY** made directly to suppliers.
- (4) All applications will be assessed according to GAC Funding Guidelines to ensure a fair and just outcome.

PLEASE CHECK THE FOLLOWING

- I have **FULLY** completed this application.
- I have attached **ALL QUOTES** and/or **FULL COPIES OF BILL DETAILS** (front and back pages).
(Unless this information is received your application cannot be processed)
- I have read and understand the attached Critically Ill Patient Support Information Sheet

Signature: _____ Date: _____

Please forward your fully completed application to the:

Member Services Unit, Gumala Aboriginal Corporation, PO Box 61, TOM PRICE, WA 6751**PH: 1800 486 252 (1800 GUM ALA) / 08 9188 1845 / FAX: 08 9188 1846****EMAIL: memberservices@gumala.com.au** - the SUBJECT HEADING must include the following:

YOUR NAME, CRITICALLY ILL PATIENT SUPPORT PROGRAM.

CRITICALLY ILL PATIENT SUPPORT INFORMATION SHEET



The aim of the program is to provide travel and accommodation subsidies to Gumala Members who are visiting or supporting relatives who are critically ill and are undergoing specialised medical treatment that is not available in their home community. The program ensures that critically ill people who need life threatening medical assistance outside their home community are supported to access it.

A grant will only be provided where no other Government assistance such as the Patient Assisted Travel Scheme (PATS) is available.

Eligible people can apply for assistance to the value of \$10,000 per family in any one calendar year. Assistance may be provided for up to three (3) family members (immediate family only) to visit a very sick family member, but is at the discretion of the GAC CE.

As a guide to the payment of costs, the Australian Taxation Office recommends the following rates for adults, per day:

Location	Accommodation	Meals
Perth	\$164.00	\$89.50
Port Hedland	\$270.00	\$89.50
Karratha	\$285.00	\$89.50
Newman	\$170.00	\$89.50

Family accommodation and meal costs will be more expensive but not a multiple of the above rates for each person in the family

Members are eligible for this program if they are:

- Over 18 years of age.
- Are clearly registered as a Member of Gumala Aboriginal Corporation at the time of their application.

Applicants for this program must:

- Complete an Application Form (*Form 7.0*) specifying the purposes for which the program will be used (GAC can assist with this).
- Attach a full copy of bills and/or quotes.
- Submit a letter to support your application, include Health Professionals Letters.

Please Note:

- Applicants will be notified of the outcome of their application within **7 working days** of GAC receiving all required documentation.
- Retrospective payments for goods will not be made.
- Payments **cannot** be made to individuals – they can only be made to third party suppliers.
- Benefits are not transferrable to another person.

ON YOUR APPLICATION FORM PLEASE CHECK THE BOXES AND SIGN

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