

HEADSTONE APPLICATION FORM

NAME: _____

ADDRESS: _____

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

Fax: _____ **Email:** _____

1. **Language Group:** Nyiyapali Banyjima Innawonga

2. **Information of Deceased**

Relationship to deceased:

Name of deceased:

Language Group of deceased:

Date Funeral Service was held:

Location of Burial:

3. **Have you received help or contributions for this request from anyone else? i.e. IBN, MIB**

NO YES, If yes, details: _____

4. **Supplier Details**

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

Headstone	\$
Installation Costs	\$
Other Costs(Attach documentation)	\$
Total	\$

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 Headstone Program 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 HEADLINE must include the following:
YOUR NAME, HEADSTONE PROGRAM



HEADSTONE

INFORMATION SHEET

A grant of up to \$8,000 may be available for the provision of a headstone for persons deceased for some time, where there are no markings to identify the grave site and where, for cultural reasons, a marking is important.

The program is to be used for the following purposes:

- Purchase, freight & installation of the Headstone
- Fuel
- Food

Members are eligible for this program if they are:

- Immediate family of a Gumala Member

GAC reserves the right to seek confirmation in the event that the relationship between an applicant and the deceased is questioned

Applicants for this GAC One-Off Health and Well-being program must:

- Complete an Application Form (*Form 10.0*) 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 if it is outside the guidelines.

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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