

ANCILLARY HEALTH

DENTAL, OPTICAL, MEDICATION, PHYSIO, PODIATRY,
COUNSELLING

APPLICATION FORM

NAME: _____

ADDRESS: _____

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

Fax: _____ **Email:** _____

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

2. **Funds Requested:**

Item ↓	Amount
Total	\$

3. **Have you received help or contributions for this request from anyone else?** (include your personal contribution): NO YES, If yes, details: _____

4. **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 Ancillary Health 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 HEADING must include the following:
YOUR NAME, ANCILLARY HEALTH PROGRAM



ANCILLARY HEALTH

INFORMATION SHEET

The aim of the grant is to ensure that the Dental, Optical, Medication, Physio, Podiatry, Counselling and other health needs of Members are met by providing financial assistance.

All Gumala Members who are not eligible for, or are unable to obtain sufficient assistance through Government programs or other Health Cover are eligible for assistance of up to \$3,200 per year.

The grant is to be used for the following Purposes:

- Glasses
- Dental
- Medication e.g. scripts
- Physio e.g. associated with an accident or injury
- Podiatry
- Counselling

Members are eligible for this grant if they are:

- Over the age of 18, a parent may apply for a child under the age of 18
- Not able to access funds through a Government or other agency e.g. IBN, MIB, etc
- Clearly registered as a Member of Gumala Aboriginal Corporation at the time of their application

Applicants for this GAC grant must:

- Complete an application form (*Form 3.0*) specifying the purposes for which the grant will be used (GAC can assist with this)
- Attach a full copy of bills and or quotes including letters from Health Professionals

Procedure:

- Contact your Health Professional and request an appointment. Advise Gumala will be assisting with payment of the bill. Ask how they wish payment to be made.
- Complete an Ancillary Health Application Form advising the date of your appointment, phone to ensure you have funds.
- After appointment forward **QUOTE** to Member Services.
Make sure your name is on the quote.
- Forward your plan for future work with another Ancillary application. Gumala will confirm eligibility for the proposed treatment.
- Forward to Gumala using either: fax, email or post.

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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