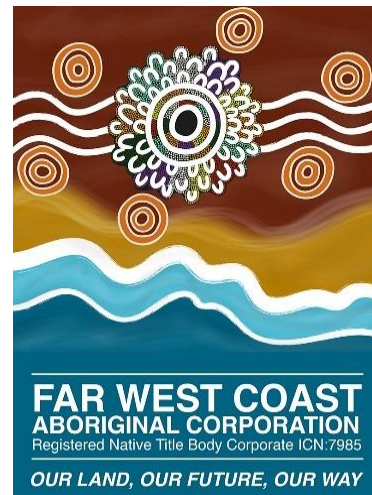


# Critical Illness Policy and Application form

**For support from the Far West Coast Aboriginal Corporation.**

**Please note: no cash can be paid.**



## CRITICAL ILLNESS POLICY

### - INTERPRETATION

The aim of the Critical illness grant is to provide support to FWC registered members who have immediate family members (as defined below) in a life-threatening state of health and need to be at the bedside of the afflicted. Alternatively, if the family member requiring assistance is not a Far West Coast member, but lives in the Native Title Area determination area, applications may be considered based on their relationship e.g. immediate family (as defined below). Assistance provided is at a capped amount and subject to funding.

Applications will be subject to the policy and funding criteria at the time the application is lodged.

### - WHO CAN APPLY?

The Far West Coast Aboriginal Corporation can support registered FWC members as well as Aboriginal people who have lived on the Native Title holding community for at least 10 years.

Any person who is the primary carer of a FWC eligible child under the age of 18 years.

An Aboriginal person who is not a member, lives outside the Native Title determination area but within South Australia, must have their FWC Native Title rights qualified by the FWCAC board prior to receiving any assistance from the FWC and must also meet the mandatory criteria documented below.

### - WHAT TYPES OF MATTERS MAY BE FUNDED?

- Expenses for travel to the bedside of immediate family members who have been admitted to hospital with a life-threatening condition.
- **Accommodation up to 3 nights** for immediate family members (as defined below).
- Assistance will be limited to 1 trip per emergency.
- Flights will only be provided if the member was flown out of their home community via Royal Flying Doctor Service. Assistance may be provided to return home after the emergency once confirmation is received from the treating doctor or qualified medical staff of treatment and discharge and provision of section 2 PATS form.
- Immediate family (as defined below) can access fuel assistance and up to 3 nights' accommodation only, to travel if the patient is flown from their home community via RFDS in an emergency to receive life threatening medical treatment. This assistance can only be used once per admission.
- A registered member of FWC may apply for a capped amount (subject to funding) to be at the bedside of immediate family. Immediate family of the patient may wish to appoint a non-immediate family member to coordinate funds (to support immediate family only), via FWC staff, to family for travel and accommodation. Please note the capped amount is subject to the policy.

## CRITICAL ILLNESS POLICY

### - WHAT TYPES OF MATTERS WILL NOT BE FUNDED?

- Cash payments and/or bank deposits for individuals.
- Any person applying on behalf of a FWC eligible child who is not the primary carer of that child.
- Reimbursement of costs already paid by or on behalf of the applicant.
- Vehicle hire, maintenance, registration and vehicle mileage for travel.
- Food will **not** be provided in the assistance.
- Travel for members who are not immediate family, ie uncles, aunties, cousins, nieces and nephews.

### - MANDATORY CRITERIA

In considering and assessing applications, the Far West Coast Aboriginal Corporation requires applicants to meet the applicable mandatory criteria listed below:

- Members must provide evidence of the family member's illness and Critical nature e.g. letter from doctor/ALO staff at the Hospital the patient is in.
- Applicants must identify a family member to be the contact for all matters relating to the application and must be an **immediate family members as defined as wife, husband (including defacto partner), son, daughter, mother, father, sister, brother, grandparent or dependent grandchild (under 18)**.
- Provide evidence that a medical aid is required and why it cannot be funded by existing health service providers and/or funding bodies.
- If the patient is a registered member, they cannot apply on behalf of a non-member who is not immediate family and or where immediate family has been declined membership. Long term partners of a registered member with eligible children in their care under 18 years old can apply under these criteria.

### -APPLICATION REQUIREMENTS

Applications for funding must:

- Be in writing and in the approved application form as provided by the Far West Coast Aboriginal Corporation.
- Nominate the type of funding assistance required.
- Be submitted to the mailbox or email address on the application form.
- Address the mandatory criteria outlined in the policy.

**CRITICAL ILLNESS APPLICATION FORM**

1. First Name

5. Phone

2. Last Name

6. Email Address

3. Date of Birth

7. How do you prefer to be contacted?

Phone     Email     Post

4. Residential / Postal Address.


8. Have you received funding from any other organisation or related Trust for this request?

Yes > Please tell us how much you received and from what source?

No

\$
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9. Which of the following categories best describes the one you need help with?

Critical Illness Support.

10. Are you a registered member of the Far West Coast Aboriginal Corporation? *If you are not sure please call the FWC office reception to confirm.*

No > Please call the FWC to fill in a membership application form.

Yes

11. Are you associated or registered with any other Native Title Group?

No

Yes > Please name the group(s) \_\_\_\_\_

12. Please attach supporting documents such as quotes, proof of patient being flown out or hospitalised to help the FWC assess your application. No cash is payable.

Please note this is a capped amount subject to funding.

Description of expenses	Name of supplier (who is being paid? – No cash is payable)	Amount required
Fuel/Flights/Bus		\$
Accommodation		\$

**CRITICAL ILLNESS APPLICATION FORM**

**14. What is your source of income?**

Unemployed       Salary       Full-time       Part-time   
Consultant       Other \_\_\_\_\_

Are you able to contribute toward this? **Yes / No** If yes, how much? \$ \_\_\_\_\_

**15. How will this grant assistance help you?**

Patient name:
Hospital patient is in:

**16. Acknowledgement of the policy.**

By signing below, I acknowledge that staff from the FWCAC will make enquiries about this application prior to my application being assessed against the policy I declare that the above details are accurate and true. I also acknowledge that adequate time has been allowed for my application to be assessed against the policy.

Signed

Date

**Please return the completed application form to:**

**Post:** Far West Coast Aboriginal Corporation  
PO Box 596  
CEDUNA SA 5690

FWCAC Building at -  
62 Poynton Street  
CEDUNA SA 5690

**Email:** [communitytrust@fwcac.org.au](mailto:communitytrust@fwcac.org.au)  
[administration@fwcac.org.au](mailto:administration@fwcac.org.au)

**Fax:** (08) 8625 3341 **Phone:** (08)8625 3340

<b>Office Use Only</b>	<b>Date Received</b>	/ /	<b>Received by:</b>
			<b>Form completed by:</b>