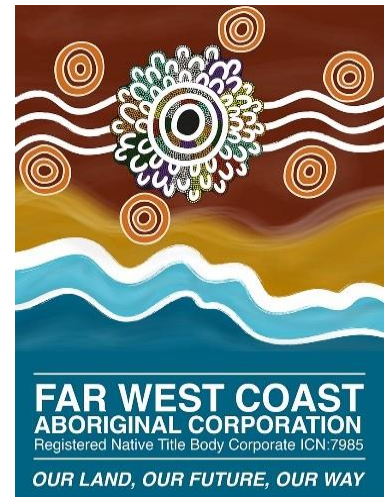


# Dental Policy and Application form

For support from the Far West Coast Aboriginal Corporation.

Please note no cash will be paid



## DENTAL SUPPORT POLICY

### - INTERPRETATION.

The aim of the Dental grant is to provide assistance that contributes toward the cost of emergency dental treatment that relieves immediate pain to individuals.

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

If an applicant reschedules their appointment, the assistance provided will be based on the policy and funding criteria at the time of the rescheduled appointment.

### - 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 Far West Coast A and must also meet the mandatory criteria documented below.

This application is restricted to South Australia only.

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

- Assistance may be given to registered members who live in South Australia for emergency dental work that relieves immediate pain and/o prevents future medical conditions related to oral/dental health, subject to confirmation from a dentist or GP confirming the treatment required.
- Members will be encouraged to seek assistance through the Aboriginal Dental Scheme and or the child Medicare scheme, prior to coming to the FWCAC for assistance. This service is offered at Ceduna, Streaky Bay, Port Lincoln, Whyalla, Port Augusta and Adelaide.

Generally, SA Health Dental Services for Aboriginal People in SA apply as follows:

Eligible Aboriginal adults can access priority general and emergency dental care at SA Dental Service Clinics. To be eligible clients need to:

- be Aboriginal and/or Torres Strait Islander
- hold a current Centrelink Concession Card
- be aged 18 years and older.

Emergency, denture and general dental care is FREE through the program. Fees may apply for some specialist services. Any payment required will be discussed prior to treatment.

- Assistance may be given to members for medically required dental treatment, subject to confirmation, in writing by a registered Doctor and or dentist.
- If further treatment is required you should provide written confirmation from your treating dentist outlining the reasons and treatment required and complete a medical application.
- Any assistance given will be a contribution toward costs, not necessarily the full amount applied for at a capped amount of \$200 per member and or eligible child of, per financial year.

## DENTAL SUPPORT POLICY

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

- Any person applying on behalf of a FWCAC eligible child who is not the primary carer of that child.
- Services received before an application is lodged and approved by FWCAC.
- Reimbursement of costs already paid by or on behalf of the applicant.
- Food will **not** be provided. Members are expected to contribute toward this cost themselves.
- Travel and accommodation costs associated with attending dentist appointments will not be funded.
- Direct payment of cash/bank deposit to individuals
- Braces, Dentures, Whitening, Veneers, Polishing, Scraping, Calculus removal, Tartar removal, plates, Cosmetic and/or planned treatment dental.
- Vehicle hire, repairs, registration and/or vehicle mileage for travel will not be funded.
- Xray's of any sort, consultations fees, tooth examinations fees, etc.

### **- MANDATORY CRITERIA.**

In considering and assessing applications, the applicant is to:

- Show written evidence of your appointment.
- Provide written information regarding other funds being received.
- Provide a quote for dental treatment.

### **- APPLICATION REQUIREMENTS.**

All applications for funding must:

Be in writing and in the approved application form as provided by the Far West Coast Aboriginal Corporation.

- Provide all required attachments as listed above
- Allow the FWCAC adequate time to process the application
- Nominate the type of assistance required.
- Identify your contribution toward the costs of the treatment
- Be submitted to the mailbox or email address on the application form.

**DENTAL SUPPORT APPLICATION**

**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 organization for this request?**  
 No   
 Yes  ► Please tell us how much you received  
 And from which source?  
 \_\_\_\_\_

**9 Which of the following categories best describes the one you need help with?**  
 **Dental Support** – SA residents only for emergency pain relief and/or emergency treatment only.

**10 Are you a registered member of the Far West Coast Aboriginal Corporation? Call the office if you are not sure**  
 No   
 Yes  ► Please list your parents and grandparents: \_\_\_\_\_

**11 Are you associated or registered with any other Native Title Group?**  
 No   
 Yes  ► Please name the group(s) \_\_\_\_\_

**12** Please provide a copy of your **Medicare card**: \_\_\_\_\_

Please provide a copy of your **Healthcare Card**: \_\_\_\_\_

**13 Expenses Requested** Please attach proof of appointment and costs to help FWC staff assess your application.  
 No cash is payable. Please see list of what will not be funded in the guidelines.

Description of expenses	Name of supplier (who is being paid? – No cash is payable)	Amount requested from FWAC
Cost of emergency dental treatment to relieve immediate pain – (pain relief only, e.g. Extractions).		

**DENTAL SUPPORT APPLICATION**

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

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

Are you able to make a contribution toward this appointment?    Yes / No    If yes, how much? \$ \_\_\_\_\_

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


**16 Addressing the Mandatory Criteria**

When is your appointment?
Where is your appointment?
A treatment plan is required from the dentist.
Has your Doctor provided a letter confirming the dental work is required to relieve pain?
By signing below, I acknowledge that staff from the FWCAC will make enquiries about this application prior to this application being assessed against the policy. I also acknowledge that adequate time has been allowed for the application to be consider my application. I authorize FWCAC to provide my details to SACPHN for assistance.

**17**

<b>Signed</b> <span style="color:red; font-size:2em;">X</span>	<b>Date</b> /    /
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**Please return the completed application form to:**

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

**In Person:** 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>