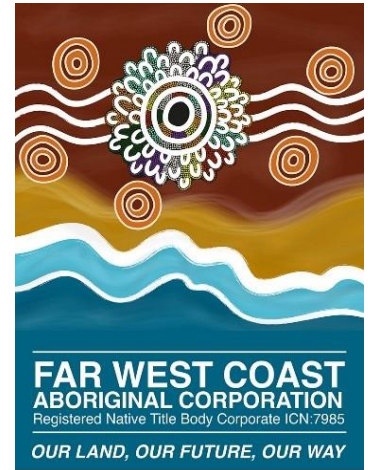


Glasses Policy and Application form

For support from the Far West Coast Aboriginal Corporation.

Please note: No cash can be paid.



GLASSES POLICY

- INTERPRETATION

The aim of the Glasses assistance is to provide a contribution towards the cost of spectacles/glasses to registered members and/or their eligible children, and for those Aboriginal persons living in the Native Title area who have lived in the area for a minimum of 10 years.

Where you are eligible under the chronic disease management program and or ITC – Integrated Team Care (diabetes, cancer, respiratory disease, cardiovascular, mental health and kidney) your Aboriginal community-controlled health service and/or primary health network officer must be consulted first to see if you are eligible through that program. You will need an appointment with your Doctor to develop a care plan. If you are an existing patient under this program, the FWCAC will need evidence of their support (form your local Aboriginal Health Service) prior to submitting an application. This is to make sure the govt are paying for services they are responsible for and you, as a patient, are entitled to.

You are encouraged to seek assistance through the Low-Cost Spectacle Scheme which is offered at Yadu Health Service Ceduna, Port Lincoln Aboriginal Health Service and the Far West Coast Aboriginal Corporation Office. You will need your prescription from the Optometrist to be able to do this.

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.

Assistance for glasses will only be available for registered FWC members and/or their eligible children who live in South Australia. Glasses assistance is only available every 2 years.

- 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. 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 FWC and must also meet the mandatory criteria documented below.

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

This application is restricted to South Australia.

GLASSES POLICY

- WHAT TYPES OF MATTERS MAY BE FUNDED?

- Gap payment assistance with prescription spectacles will only be provided to registered members of the Far West Coast Aboriginal Corporation who live in South Australia or children under the age of 18.
- Members are encouraged to seek assistance through the Low-Cost Spectacle Scheme or the SA Spectacle Scheme.
- Assistance for glasses will only be available to members once per 2-year period, at a capped amount of \$200.
- Any assistance given will be seen as a contribution toward costs, not necessarily the full amount applied for.

- WHAT TYPES OF MATTERS WILL NOT BE FUNDED?

- Direct payment of cash/bank deposit to individuals.
- Any payment for services received before an application is lodged and approved by FWCAC.
- Any person applying on behalf of a FWCAC eligible child who is not the primary carer of the child.
- Reimbursement of costs already paid by or on behalf of the applicant.
- Glasses assistance within 2 years of receiving previous assistance.
- Eye consults, regular eye check-ups, annual diabetes eye checks.
- Travel and or accommodation to attend ophthalmology appointments.
- Further support above the capped amount.

- MANDATORY CRITERIA

In considering and assessing applications, the Far West Coast Aboriginal Corporation requires applicants to meet all the mandatory criteria set out in its FWC Application for Assistance Funding Policy. In addition, the applicant is to:

- Provide a quote for glasses.
- Provide a copy of your concession card (where applicable).
- Provide evidence you are not eligible for assistance through ITC at your local Aboriginal Health Service and or other Health Care Provider.

- 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.
- Be submitted to the mailbox or email address on the application form.
- Address the mandatory criteria outlined in the policy.

GLASSES 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 for this request?

No

Yes

▶ Please tell us how much you received

from which source? _____

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

Prescription glasses - (SA residents only) – maximum contribution of \$200 once every 2 years

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

No ▶ Please contact the FWC office 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 provide a copy of your Medicare card: _____

Please provide a copy of your *Concession Card* (where applicable) _____

13.

Expenses



Please attach copy of quote/invoice for glasses

Requested

Description of expenses	Name of supplier (who is being paid? – No cash is payable)	Amount required
Glasses		Max of \$200 per 2 years

GLASSES APPLICATION FORM

14. What is your source of income (Please circle).

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 grant assistance help you?

16. Addressing the Mandatory Criteria

Copy of quote/invoice attached?
Copy of your concession card attached (where applicable)
Do you have a chronic disease management plan? Yes/No (if yes, is your health provider able to help with the costs of your glasses?)
17. 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 also acknowledge that adequate time has been allowed for my application to be considered against the policy. I understand that if I have not provided evidence of low-income earner via concession card, my application may be declined and that incomplete applications will not be considered. I authorise FWCAC to provide my details to SACPHN for assistance.

Signed	X	Date	/ /
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Please return the completed application form to:

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

In Person: FWCAC Building at -
 62 Poynton Street
 CEDUNA SA 5690

Email: communitytrust@fwcac.org.au
administration@fwcac.org.au

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

Office Use Only	Date Received	/ /	Received by:
			Form completed by: