

APPLICATION FOR FINANCIAL ASSISTANCE

An application for assistance for a child with a diagnosed literacy and learning disability

The Treasurer
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(310718)

Please complete all three pages of the form and use BLOCK LETTERS or type directly into the document

We understand the information contained in this form is personal and sensitive but it is required in order for an accurate decision to be made about funding levels. All information will be treated privately and confidentially in accordance with the Privacy Act 1988.

1 APPLICANT:

	Applicant	Partner (if applicable)
Surname		
Given Names		
Date of Birth		
Address		
Best Contact Number		
Are you an Australian citizen?	Yes/No (circle one)	Yes/No (circle one)

2 DEPENDENTS:

Given Name	Family Name	DOB	Relationship to Applicant	Description of diagnosed disability; is it related to literacy: Yes/No	Who diagnosed and date of diagnosis*
1				Y/N	
2				Y/N	
3				Y/N	
4				Y/N	

*Please attach copy of diagnosis and date. Also include history of any previous interventions and the results achieved. If the child is receiving other interventions for other diagnosed problems, please attach details.

3 INTERVENTION FOR WHICH YOU ARE SEEKING FINANCIAL SUPPORT:

Name of Practitioner	Phone No.	Address	Cost \$
Description of services to be provided and dates the services will be provided*:			

*Please attach details of intervention management plan and/or goals set by practitioner including timeframe/target dates.

4 INCOME AND EXPENSE DETAILS:

	Applicant		Partner (if applicable) *	
What is your current Occupation?				
Are you currently in paid employment; weekly income	Yes/No	\$ #	Yes/No	\$ #
If <u>Yes</u> , name of employer & for how long:				
If unemployed, for how long and reason:				
Do you receive Centrelink benefits?	Yes/No		Yes/No	
If <u>Yes</u> , list the type & weekly amount of benefit:		\$ #		\$ #
Do you have any other sources of income? If <u>Yes</u> , how much weekly?	Yes/No	\$	Yes/No	\$
How long have you lived at your current address?				
Do you live in your own home?	Yes/No		Yes/No	
Do you have a current mortgage and what is the minimum weekly repayment	Yes/No	\$	Yes/No	\$
If <u>Yes</u> to the above, what is your mortgage balance?		\$ #		\$ #
If <u>No</u> , what is your weekly rent?		\$ #		\$ #
Do you live in social housing or with a relative? (specify)	Yes/No		Yes/No	
Is there Private health insurance or other rebates available to help cover intervention?	Yes/No	If <u>Yes</u> , Give Details:		

* If any of the above amounts are shared then either put in one column or split equally between Applicant and Partner.

Where applicable, please attach supporting documentation, eg 3 most recent payslips, letter from your Accountant, ATO Tax Return, bank statements, rental agreement, etc.

5 REASON FOR SEEKING FINANCIAL ASSISTANCE TO HELP WITH YOUR CHILD'S WITH LITERACY:

Feel free to attach any other information that you believe will assist you with your application.

6 IMPACT STATEMENT:

What is the impact on the child and the family because of the child’s disability? What will be the future impact if the disability is not remedied?

Four horizontal lines for writing the impact statement.

7 COMMITMENT TO INTERVENTION:

Is the applicant committed to the intervention required? This commitment involves (where applicable):

- Performing the required follow up set by the practitioner
- Maintaining an open and communicative relationship with the practitioner
- Making correct payments for intervention at the appointed times
- Bringing all materials required to each appointment
- Giving 24 hours’ notice when cancelling
- Endeavoring to keep all appointments (not cancelling regularly)
- Maintain a minimum standard of self-discipline and behavior to allow intervention to be successful.

Circle One: Yes/No

8 REFERENCES:

Please provide two references who are not family members who can be contacted to discuss your child and their needs. For example, family friends, teachers, medical practitioner.

Name of referee	Contact phone number	How they know you or your child	Number of years known
1.			
2.			

9 DECLARATION:

I certify that the above information is correct and that if funding is approved I will be committed to the intervention process.

Signature of Applicant

___ / ___ / ___
Date

Signature of Partner (if applicable)

___ / ___ / ___
Date

The completed application should be submitted via email to: admin@literacyfoundation.com.au