

APPLICATION FOR FINANCIAL ASSISTANCE

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

The Treasurer
Literacy Foundation for Children
PO Box 1250
MILTON QLD 4064

Phone number: 0403 452 711
Website: www.literacyfoundation.org.au
Email: admin@literacyfoundation.org.au

(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: (put a tick beside the child for which assistance is being sought – only one child per application)

	Given Name	Family Name	DOB	Relationship to Applicant	Diagnosed Disability Is it related to literacy: Yes/No	Who diagnosed, 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.	Email	Total Cost #
Description of services to be provided and dates the services will be provided*:			

Total cost means cost of total assessment/treatment/intervention from start to finish, not the weekly consultation fee.

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

4 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.

5 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?

6 INCOME AND EXPENSE DETAILS:

	Applicant	Partner
Employment Information		
What is your current occupation?		
Employer Name / Self Employed		
Weekly Income		
How long employed.		
If Unemployed, Reason and How Long		
Government Benefits Declaration.		
Type		
Fortnightly amount		
Other Income sources		
Type or Source		
Weekly amount.		
Living arrangements		
Rental / Owner		
If Owner, Mortgage/No Mortgage		
How long have you lived at your address		

Weekly Rental/Minimum Weekly Mortgage Payment		
If Mortgage, Balance (Amount Owing)		
Social Housing		
Accommodation Type		
Weekly Payment (if any)		
Private medical or health insurance coverage of educational intervention		
Type		
Level of Cover & Gap		

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.

7 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			

8 HOW YOU LEARNT ABOUT THE FOUNDATION:

How did you learn about the Literacy Foundation for Children? _____

9 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

10 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
Applications are usually only considered at Management Committee Meetings which are held every 6 – 8 weeks