

## APPLICATION FOR FINANCIAL ASSISTANCE

*Application for assistance for a child with diagnosed literacy/learning disability*

The Treasurer  
Literacy Foundation for Children  
PO Box 1250, MILTON QLD 4064  
(Please submit application via email)

Phone number: 0428 282 154  
Website: [www.literacyfoundation.org.au](http://www.literacyfoundation.org.au)  
Email completed application to:  
[admin@literacyfoundation.org.au](mailto:admin@literacyfoundation.org.au)

Please complete ALL sections on 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 for a decision to be made about funding. All information will be treated privately and confidentially in accordance with the Privacy Act 1988. **Incomplete applications WILL NOT be considered.**

### 1 APPLICANT:

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

### 2 DEPENDENTS\*: (put a ✓ beside the child for which assistance is being sought – only one child per application)

	✓	Given Name	Family Name	DOB (dd/mm/yy)	Relationship to Applicant
1					
2					
3					
4					
	List Diagnosed Disability/ies? #	Related to literacy (Y/N)?	Who diagnosed	Date	
1		Y/N			
2		Y/N			
3		Y/N			
4		Y/N			

\* Attach additional pages if there are more than four dependents

# 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 #
<b>Description of services to be provided and dates/timeframe over which the services will be provided*:</b>			

# 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 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?


**6 INCOME AND EXPENSE DETAILS:**

Employment Information	Applicant	Partner
What is your current occupation?		
Employer Name / Self Employed		
Gross Weekly Gross/Taxable Income #		
How long employed		
If Unemployed, Reason and How Long		
<b>Government Benefits Declaration.</b>		
Type		
Fortnightly amount		
<b>Other Income sources</b>		
Type or Source (eg maintenance)		
Weekly amount		
<b>Living arrangements</b>		
Rental / Owner #		
If Owner, Mortgage/No Mortgage		

	Applicant	Partner
How long have you lived at your address		
Weekly Rental/Minimum Weekly Mortgage Payment		
If Mortgage, Balance (Amount Owing)		
<b>Social Housing/Boarding</b>		
Accommodation Type		
Weekly Payment (if any)		
<b>Health Insurance</b>		
Can you claim any private health insurance to cover intervention costs?		
If so, how much?		

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 pay slips, 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 required 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 CHECKLIST:

Please ensure you have completed all the following:

- Filled out all sections of the application form
- Attached documentation showing diagnosis of learning disability (section 2)
- Provided details of intervention being undertaken (section 3)
- Provided the **total** cost for intervention (section 3)
- Attached supporting documentation for income and expenses (section 6)
- Signed the Declaration (section 11)

Applications which are incomplete or not accompanied by supporting documentation will not be considered.

**11 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

**Completed applications are to be submitted VIA EMAIL to: [admin@literacyfoundation.com.au](mailto:admin@literacyfoundation.com.au)**  
*Applications are usually only considered at Management Committee Meetings which are held every 6 – 8 weeks*  
**For any questions regarding this form, including supporting document, detailing of costs, or**  
***to request over the phone help with completing the above form,***  
***please call 0428 282 154***

***Please tell us how you found out about the Foundation and the financial assistance available:***

- Professional Referral - Teacher/Doctor
- Professional Referral - Service Provider (please tell us which service) \_\_\_\_\_
- Social Media (please tell us which platform) \_\_\_\_\_
- Came across website
- Word of Mouth (not professional referral)
- Other (please specify): \_\_\_\_\_