Cancer Council WA

Financial Hardship Program

Application Form

In order to assess the eligibility of a client for financial assistance ALL information MUST be completed. Incomplete forms will be returned to the referrer.

PLEASE ANSWER PRIOR TO PROCEEDING

Has the patient/carer approached and used alternate funding sources in the past 12 months? ☐ Yes ☐ No

If you answered yes, please list: _____

If you answered no, please state why: _____

DETAILS OF PATIENT *(please print clearly)*

I confirm that the patient is aware of and has consented to the use of their personal information for the purpose of Cancer Council WA contacting them to deliver services. I confirm that the client has given verbal consent for referral, collection and storage of personal details. ☐ Yes ☐ No

Title: _____ Given name(s): _____ Surname: _____

Gender: ☐ Male ☐ Female ☐ Unknown Date of birth: _____

Street address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile phone: _____

Email: _____

Aboriginal or Torres Strait Islander: ☐ Yes ☐ No

I, the referrer, confirm that I am submitting this form on behalf of a patient with cancer, who, following my assessment and in my professional judgement, is in genuine hardship and is in need of financial support.

Signature of referrer: _____ Date: _____

Referred by: _____ Position: _____

Workplace name: _____

Workplace address: _____

Email: _____ Phone number: _____

I, the patient, confirm that the information on this application form is a correct assessment. I consent to Cancer Council WA using this information for the purpose of accessing the Financial Hardship Program. ☐ Yes ☐ No

Signature of patient (or representative): _____ Date: _____

Agreement for use of client information MUST be completed in order to comply with privacy legislation.

MEDICAL INFORMATION *(Data is mandatory – refer to program criteria)*

Cancer diagnosis (please be specific): _____

Stage of diagnosis: ☐ Early/localised ☐ Metastasis/widespread/advanced ☐ Recurrence ☐ Terminal

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TREATMENT PLAN *(Data is mandatory)*

Treatment centre: _____ Diagnosis date: _____

Type of treatment: _____

Estimated start/finish dates for treatment: _____

Has referrer sighted the diagnosis: ☐ Yes ☐ No

Additional information: _____

FAMILY SITUATION *(brief details of dependents and carers relevant to this application)*

FINANCIAL SITUATION *(please provide evidence of compliance with criteria. Pensioner status is not sole criteria)*

**Please make an accurate assessment of hardship*

Centrelink status - please tick **(mandatory)**

☐ Not eligible ☐ No benefits, not yet applied ☐ No benefits, applied but waiting ☐ Aged pension ☐ DSP

☐ Job Seeker ☐ Carers allowance ☐ Health care card ☐ Other (exc. sickness allowance): _____

Centrelink reference number: _____

If not eligible, please state why: _____

Household income - (required only if the client does not receive Centrelink benefits)

Total monthly household income (approximate):

☐ $0 - $1,000 ☐ $1,000 - $2,000 ☐ $2,000 - $3,000 ☐ $3,000 - $4,000 ☐ over $4,000

Type of accommodation

☐ Owner occupied ☐ Private rental ☐ D.O.H ☐ Other: _____

Does the applicant own more than one property? ☐ Yes ☐ No (Required if residence is owner occupied)

Other relevant information of the applicant's financial hardship:

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ASSISTANCE REQUIRED *(Please refer to criteria and include a copy of the bill to be paid showing payee details)*

Type	Amount	Bill included? *(please tick)*		Extension sought? *(please tick)*	
Electricity	$ _____	☐ Yes	☐ No	☐ Yes	☐ No
Gas	$ _____	☐ Yes	☐ No	☐ Yes	☐ No
Water rates	$ _____	☐ Yes	☐ No	☐ Yes	☐ No
Telephone/internet (excluding pay TV)	$ _____	☐ Yes	☐ No	☐ Yes	☐ No
Car/m'bike registration (1 vehicle only)	$ _____	☐ Yes	☐ No	☐ Yes	☐ No
Car/m'bike service (1 vehicle only)	$ _____	☐ Yes	☐ No	☐ Yes	☐ No
Fuel voucher (Max $100 per referral)	$ _____				
Food voucher (Max $150 per referral)	$ _____				

Please ensure the client understands that this is not an emergency service. Service provision can take up to ten working days from the receipt of referral to implementation.

The referral may be declined and will not be processed if:

1. The client is not eligible or the request does not meet the criteria.
2. The payment cannot be paid by credit card or requires a password to access the payment.
3. The information on the bill does not match the details of the patient (e.g. address and names) and no explanation is given.
4. The application form is incomplete.
5. Information regarding financial hardship is insufficient.
6. A request is made that falls outside the program parameters.
7. The payment/account details/reference number of the bill is not available.

This form should be submitted via email to **financialassistance@cancerwa.asn.au,** or via fax to **08 6389 7821.**
(please note that if faxing this form, all pages must be supplied)

Collection Statement

We need to collect personal information to process your application/registration, provide services, inform you about our activities and conduct normal business. By providing your personal information, you agree that it will be used and disclosed by Cancer Council WA in accordance with this statement and our Privacy Policy, available via http://www.cancerwa.asn.au/notices/privacy. If you do not agree, (i) you must not provide your personal information; (ii) you may not be able to apply/register; and (iii) we may not be able to provide certain services/products or communicate with you. We only disclose your personal information to external third parties (such as Cancer Councils in other Australian states or territories, or overseas cloud storage or software providers) where those parties assist us in carrying out our ordinary business operations and always in accordance with our Privacy Policy. We may use your personal information for our own direct marketing purposes, unless you opt out, (which you can do at any time in accordance with our Privacy Policy). Our Privacy Policy outlines how you may access and seek correction of your personal information, how you can complain about a breach of your privacy and how we deal with that complaint.

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CRITERIA AND EXCLUSIONS

To be eligible for assistance applicants must:

- Be a Western Australian resident with a confirmed cancer diagnosis and be undergoing current or recent (within last six months medical investigation or treatment including surgery, radiotherapy, chemotherapy and immunotherapy; or have a poor prognosis.
- Provide sufficient information about their level of financial disadvantage and/or low income status for the referrer to make an assessment. Centrelink benefits are not the sole criteria to receiving this assistance.
- Provide the original or a copy of the unpaid bill.

Some general rules apply

- This application MUST be completed by a health professional. Patients are not to be given the form to complete and submit.
- This is not an emergency service. Payment process may take up to ten working days to complete.
- Financial support is intended as a short term relief payment only, where the treatment for cancer is having a serious direct effect on the person's financial situation and an assessment of significant financial distress has been made.
- Funds are available to a maximum of $350. This helps to ensure that our valuable community donations reach those experiencing severe financial hardship.
- Payments are made directly to suppliers, not patients or family members. Payments already made will not be reimbursed.
- All other avenues of financial and non-financial assistance must be explored before submitting an application to Cancer Council WA.

Exclusions:

- See guidelines on our website **cancerwa.asn.au**.

Health professionals referring applicants to the program must:

- Provide a copy of the bill(s) to be paid.
- Seek an extension to the due date for the account.
- Assess the level of need to ensure assistance is directed to those experiencing the most difficulty.
- Investigate any other options for financial support, before submitting an application.
- Investigate opportunities to waive or reduce accounts/fees.

WHAT HAPPENS NEXT?

- This application will be assessed, based on the level of information provided. If insufficient information is provided the application will be returned to the referrer. Incomplete forms potentially delay assistance that can be provided to the patient.
- Payments are made directly to creditors.
- Completion of processing will be communicated to referrers via email.
- Referrers are required to notify patients of payment(s) made.
- Food and fuel vouchers are sent directly to the patient via post.
- Patients will be notified by letter when the maximum level of funding has been reached.

If you require more information or assistance, please speak to a Cancer Council Nurse on **13 11 20** or the Program Officer on **08 6389 7810**.