

# Pro Bono Program.

The Cancer Council WA Pro Bono Program can help people diagnosed with cancer and their carers with advice on the following:

- Legal issues
- Financial planning

## How the program works

We connect people affected by cancer with professional lawyers and financial planners who volunteer their time.

Cancer Council staff do not provide advice directly to clients. The service is means tested, and is provided at no cost for those who cannot afford the cost of advice.

## CRITERIA AND EXCLUSIONS

### Some general guidelines

- Matter must be related to the cancer diagnosis
- Client cannot already be receiving advice on the matter
- Client must be unable to afford the cost of advice (*see page 2*)
- Client can be referred to the service once only per matter

### Who we can help

Anyone diagnosed with cancer; or is caring for someone with cancer, has contacted Cancer Council WA and wishes to access pro bono legal or financial services.

### What we can help with

- Basic wills, powers of attorney and appointments of enduring guardianships (for people with a cancer diagnosis only)
- Early access to superannuation
- Access to insurance payments (attached to super and stand-alone policies)
- Advice on Centrelink entitlements
- Managing credit and debt issues

### What we cannot help with

- Criminal law matters
- Family law, e.g. divorce and separation, custody or property settlements
- Property issues
- Estate administration
- Bankruptcy and taxation issues
- Medical negligence and workers compensation
- Advance Health Care Directives
- Self Managed Super Funds
- Urgent matters

### If a patient already has a will

Generally, if the will has been prepared recently (within the past five years) and the client wishes to make minor amendments, the client will be asked to see the previous lawyer who drafted the will, to make the changes.

If they cannot go back to the previous lawyer (either because of a change in their financial circumstances or for some other reason), we will look to refer them for assistance with preparing a new will.

Please note that the volunteer lawyers will not make changes to or check existing wills (including will kits). They are only able to prepare new wills.

If you are unsure whether the Cancer Council WA Pro Bono Program can assist a client, please contact us on [cssprobono@cancerwa.asn.au](mailto:cssprobono@cancerwa.asn.au) or **08 6389 7810** before referring.

## ELIGIBILITY AND PROGRAM PROCESSES

Please advise your client that our service is means tested and that they will be asked financial questions in the application form and **may** be requested to verify the information and/or supply documents to support their application.

### We will ask the client questions about their:

- Employment status
- Household income
- Centrelink payments (receipt of a Centrelink payment will not automatically qualify a client for pro bono assistance)
- Assets (liquid and illiquid) and debts

This information helps us work out if your client is eligible for pro bono assistance. The means test considers the whole of the client's circumstances. We also take into account the likely cost of obtaining the relevant advice on a commercial basis (if it is available commercially).

### How do I start the referral process?

1. Complete the referral form
2. Email to [cssprobono@cancerwa.asn.au](mailto:cssprobono@cancerwa.asn.au)

A client must consent to being referred and sign the application form. If they are not ready or unsure about a referral, they can self-refer by calling Cancer Council WA on 13 11 20.

### What happens next?

The client **may** be contacted twice as part of the application process. If we are unable to get in touch with the applicant, a voicemail or text message will be left or an email forwarded with our contact details.

#### *1<sup>st</sup> call - Determining client eligibility (5-15 minutes)*

- Client's details are confirmed
- Process is outlined to the client
- Questions about the client's financial situation
- Matter(s) the client is seeking assistance with
- The process of gathering information may require more than one phone call, e.g. if the client does not have all of the relevant information at the time of the call

#### *2<sup>nd</sup> call - Gathering further information (15-30 minutes)*

- Confirm whether the client is eligible for free assistance, and if their issues are within the scope of the program
- Depending on the complexity of the issue, the matter may be discussed further
- This information will be shared with the volunteer professional

Once we refer the client to a volunteer professional, the volunteer professional will contact the client directly to arrange an appointment.

### What happens if the client is not eligible for free assistance?

We will provide details of one of our volunteer professionals who can assist on a paid basis or do our best to provide information on alternative services.

### What happens if assistance is outside the scope of our services?

We will do our best to provide information of alternate free services.

## Feedback

The Cancer Council WA Pro Bono Program welcomes feedback.

Please email [cssprobono@cancerwa.asn.au](mailto:cssprobono@cancerwa.asn.au) or call **08 6389 7810** to provide feedback, follow up on a client's referral or ask questions about the program generally.



In order to assess the eligibility of a client for the Pro Bono Program **ALL** information **MUST** be completed. Incomplete forms will be returned to the referrer.

## PLEASE ANSWER PRIOR TO PROCEEDING

Who requires assistance?  Patient  Carer

Has the patient/carer approached and used alternate sources of Pro Bono financial and legal services in the past 12 months?

Yes  No If you answered yes, please list: \_\_\_\_\_

If you answered no, please state why: \_\_\_\_\_

Reason for referral (legal or financial or both):  
\_\_\_\_\_  
\_\_\_\_\_

## DETAILS OF CLIENT (please print clearly)

I confirm that the client 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 consent for referral, collection and storage of personal details.  Yes  No

Title: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female  Non-binary  Other (please specify): \_\_\_\_\_  Prefer not to say

Street address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Aboriginal or Torres Strait Islander:  Yes  No

## MEDICAL INFORMATION OF CANCER PATIENT (data is mandatory – refer to program criteria)

Cancer diagnosis (please be specific): \_\_\_\_\_

Stage of diagnosis:  Early/localised  Metastasis/widespread/advanced  Recurrence  Terminal (please advise time frame above)

## 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 dependants and carers relevant to this application)

Number of dependants: \_\_\_\_\_

**Details of family situation:**

**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 and expenses** (required only if the client does not receive Centrelink benefits)

Monthly household income (approximate)	Amount
• Employment (wages/salary)	\$ _____
• Investments	\$ _____
• Rental income	\$ _____
• Other sources of income (please specify): _____	\$ _____

Liquid assets (approximate)	Amount
• Bank accounts	\$ _____
• Other liquid assets	\$ _____

Monthly expenses (approximate)	Amount
• Living expenses (e.g. rent/mortgage, utilities, groceries)	\$ _____
• Loan payments (e.g. mortgage, student loan, car loan, credit card)	\$ _____
• Other expenses (e.g. childcare, medical bills)	\$ _____

**Work status**

Employed:   
 Full-time   
 Part-time   
 Casual   
 Not employed   
 Other: \_\_\_\_\_

**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 to support the economic impact of the diagnosis, leading to this application for pro bono services:**

## DECLARATION

I, the referrer, confirm that I am submitting this form on behalf of the person diagnosed with cancer or the person affected by cancer, who, following my assessment and in my professional judgement, is in genuine hardship and in need of pro bono support.

Signature of referrer: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Position: \_\_\_\_\_

Workplace name: \_\_\_\_\_

Workplace address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Can the client travel to the service provider's office to meet?  Yes  No

If no, meet at:  Home  Hospital

I have advised the client that the service is means tested?  Yes  No

**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 the Pro Bono Program. I understand that Cancer Council Western Australia (Inc) does not warrant or guarantee the work undertaken by any firm and is not liable in relation to any aspect of legal or financial services that may be provided to me.**  Yes  No

Signature of patient/carer: \_\_\_\_\_ Date: \_\_\_\_\_

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

## GENERAL

Please ensure the client understands that this is not an emergency service. Service provision can take up to seven 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 information on the documents supplied does not match the details of the patient (e.g. address and names) and no explanation is given.
3. The application form is incomplete.
4. Information regarding the economic impact is insufficient.
5. A request is made that falls outside the program parameters.



## CRITERIA AND EXCLUSIONS

### To be eligible for assistance applicants must:

- Have a key presenting matter that is related to a cancer diagnosis.
- Provide sufficient information about their level of financial disadvantage and/or low income status for an assessment to be made.

### Some general rules apply

- This application **MUST** be completed by a health professional. Clients are not to be given the form to complete and submit.
- This is not an emergency service. Referral process may take up to seven working days to complete.

### Exclusions:

- See guidelines on our website [cancerwa.asn.au](http://cancerwa.asn.au).

### Health professionals referring applicants to the program must:

- Provide a copy of the documents requested.
- Advise the client that documents if requested will have to be forwarded by email.
- Assess the level of need to ensure assistance is directed to those experiencing the most difficulty.

## 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.
- Completion of processing will be communicated to referrers via email.

If you require more information or assistance, please speak to a cancer nurse on **13 11 20** or the Pro Bono Coordinator on **08 6389 7810**.

This form should be submitted via email to [cssprobono@cancerwa.asn.au](mailto:cssprobono@cancerwa.asn.au)

*(please note that all pages must be supplied)*

