



# IBN Charitable Foundation

## 2.2 Health and Wellbeing: Home support for members on Special Needs Register

1 First name

7 Email address

2 Last name

8 How do you prefer to be contacted?

Phone      Email      Postal address

3 Date of birth

9 Have you received financial assistance from any other trust(s) within the past three months?

No      Yes      ► Please tell us how much you received

Name of organisation      Amount

4 Language group (tick one box only)

Yinhawangka       Banyjima       Nyiyarparli

5 Residential address *(this must be your registered address with IBN)*


10 If you have a carer please complete details below  
Carer's name name

*If this not your registered address with IBN you will need to complete the Update Personal Details form before we can process your application*

Carer's contact phone number

6 Phone

Please tick the box that best describes the type of assistance you are requesting:

HACC Meals       Vehicle servicing

Accessibility modifications / mobility

11 Expenses requested

**Please attach bills, quotes or other documents to help IBN assess your application.**

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Example: Mobility scooter	Mobility Equipment Australia	\$2,000.00

12 Please provide details about any medical condition(s) you may have


► Additional space on next page.

Returning this form ►

Post: PO Box 2390 South Hedland WA 6722  
Fax: (08) 9140 0998  
Email: applications@ibngroup.com.au

In person delivered to: 3 Brand Street, South Hedland, 973 Central Road, Tom Price or 3/4 Welcome Road, Karratha

12 Continued


13 Are you receiving treatment for this condition(s)?

No

Yes ▶ Please provide details of the treatment


15 Is there any medical information you can attach to support your application?

No

Yes ▶  **Please attach any documents available to help IBN assess your application. Any details provided will be used solely for the purpose assessing of this application.**

16 How will assistance from IBN improve your health / wellbeing?


17 I declare that the above information is true and the assistance requested is for my own use. I agree to my information being shared with or checked by other organisations for application assessment purposes.

Signature   Date