

3.3 Funeral Support

This program contributes to the costs of arranging funerals for deceased IBN Members, and travel costs for family to attend funerals

Note: Applications for funeral travel must be lodged before 4:30pm on Wednesday, and no less than four days prior to the funeral.

Please tick the box that describes the assistance you are requesting:

- Funeral arrangements
- Funeral travel (other funerals)

Need help with this form? Freecall 1800 014 401

Returning this form

Email: applications@ibngroup.com.au
Post: PO Box 2390, South Hedland, WA, 6722
Fax: (08) 9140 0998
In person: 3 Brand Street, South Hedland
973 Central Road, Tom Price
Unit 3, 4 Welcome Road Karratha

Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit ibngroup.com.au

Required documentation

See 'Attachments' check box. Applications cannot be processed until all required documentation is provided.

Processing time

3-5 working days once all required documentation is received.

IBN Community Member applying for assistance

1 Mr Mrs Miss Ms Other
Snr Jnr
First given name

Second given name

Last name

2 Have you been known by any other name?
No
Yes ▶ Provide name

3 Your date of birth

4 Your gender
Male Female

5 Language group
Yinhawangka Banyjima Nyiyaparli

6 Mobile phone number
(to be used to advise you of the progress of your application)

7 Email address

8 Current home address

Postcode

9 Is your current address the same address you registered with IBN?
No ▶ You will need to complete an 'Update personal details form' and attach it to this application.

Yes

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

No


Yes ▶ Name of organisation

Amount

Assistance requested

11	Expense 1	Name of supplier to be paid	Amount required
			\$ <input type="text"/>
	Expense 2	Name of supplier to be paid	Amount required
			\$ <input type="text"/>
	Expense 3	Name of supplier to be paid	Amount required
			\$ <input type="text"/>
	Expense 4	Name of supplier to be paid	Amount required
			\$ <input type="text"/>
	Expense 5	Name of supplier to be paid	Amount required
			\$ <input type="text"/>

Attachments

12  To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Funeral arrangements

Funeral notice and evidence of nomination as the funeral arranger (power of attorney, will or family nomination)

Evidence that other available benefits have been sought and the level of support approved. Such as other Aboriginal Trusts, or the WA government's Bereavement Assistance Program

Copy of private health and or travel insurance cover

Indication of how the funeral service benefits will be spent e.g. quotes from nominated suppliers. The IBN member applicant may need to complete a budget worksheet in consultation with an IBN Field Officer

Supplier quotes or invoices including supplier payment details

Funeral travel (other funerals)

Funeral notice

Evidence of application to other available funding sources, such as other Aboriginal Trusts, or the WA government's Bereavement Assistance Program

Declaration

13 I declare that:

- the information I have provided in this form is true and correct.
- 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

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240