

2.4

Home Support for Members Receiving the Age or Disability Pension

Please tick the box to describe the type of assistance requested:

- HACC meals
- Accessibility modifications and or mobility aids
- Vehicle servicing
- Computers
- Pest control (excluding termites)
- Gardening Services (Hedland only)

Details of the Member applying for assistance

1 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
- Other

5 Language group

- Yinhawangka
- Banyjima
- Nyiyaparli

6 Mobile phone number

(to be used to advise you of the progress of your application)

This is my current number, please update my record

This is a temporary number, please do not update my record

7 Email address

8 Current home address

 Postcode

Assistance requested

9	Expense 1	
	Name of supplier to be paid	Amount required
		\$
	Expense 2	
	Name of supplier to be paid	Amount required
		\$
	Expense 3	
	Name of supplier to be paid	Amount required
		\$
	Expense 4	
	Name of supplier to be paid	Amount required
		\$
	Expense 5	
	Name of supplier to be paid	Amount required
		\$

10 Please provide your disability or aged pension card number

Expiry date

Required Documentation

- 11** HACC documents (HACC meal applications only)
- Report from a qualified professional regarding access modifications and mobility aids (accessibility modifications and mobility aids only)
- Proof of homeownership (accessibility modifications only)
- Centrelink concession card / aged disability pension documents
- Private health insurance information
- Evidence other government services have been approached (if relevant)
- Vehicle registration papers in the name of the member applying for assistance (vehicle servicing only)
- Supplier quotes/invoices including supplier payment details

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

Declaration

12 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