

## 2.5 Community Health

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

- Skips bins
- Veterinary expenses
- Bottled water / water purifier systems

**Need help with this form?** Freecall **1800 014 401**

### Returning this form

Email: [applications@ibngroup.com.au](mailto: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](http://ibngroup.com.au)

### Required documentation

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

### Processing time

Up to 7 working days once all documentation is received.

### IBN Community 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  Niyiyaparli

**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

  


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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

### Assistance requested

**10** 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

 \$

### Required Documentation

**11**



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

Supplier quotes/invoices including supplier payment details

### Office use only

Date received  /  /  CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

## Declaration

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### 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