

## 5.3 Identification Documents (ID)

This program provides assistance with Government fees to obtain personal Identifications Documents (ID) and other certified documents.

Please note: All applications under this program are referred to the IBN Service Delivery Team for assessment.

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

- Personal Identification (ID)
- Photo ID card
- Birth certificate
- Death certificate
- Marriage certificate

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](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 Niyaparli

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

10 Do you have Private Health insurance?

No

Yes ▶ Name of health fund

### Who are you seeking assistance for?

11 Are you applying for assistance for yourself?

No ▶ Go to question 12

Yes ▶ Go to question 13

12 You **must** be a legally responsible parent, adoptive parent or guardian of the dependent child/children you are seeking assistance for.

Are you applying for assistance for a dependent child/children legally in your care?

No ▶ You cannot apply for assistance for a child/children not legally in your care.

Yes ▶ Name of child/children

#### Office use only

Date received  CP#


Received by

IBN Corporation Pty Ltd | ACN 093 140 240

## Assistance requested

<b>13</b>	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"/>

## Required Documentation

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

Supplier quotes / invoices including payment details

### Dependent child/children

Evidence that the IBN Member/applicant is the responsible parent or approved legal carer (Complete the 'Dependent Child Advice' form, if this child is not currently registered with IBN, or guardianship arrangements have changed).

## Declaration

### 15 I declare that:

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use or for the use of a dependent child/children legally in my care.

### I agree to:

- my information being shared with or checked by other organisations for application assessment purposes.

Signature

Date