

6.1 Extra Support For Those in Need

This program assists with food, telephone bills and rental assistance when other help is not available. To ensure IBN's resources continue to be available to those most in need this program requires proof of financial hardship.

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

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

- Food voucher / card (maximum of six per year, and no more than one per month)
- Telephone bill (fixed line or mobile up to \$1,000 per financial year).
- Rental assistance (Up to four weeks rent in arrears with breach or eviction notice issued in name of member applying)

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 '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

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

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

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

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"/>


14 If your application involves a request for food indicate if you require a voucher or *card below:

Food voucher Food card

**Cards only available at participating outlets*

15 Please describe the recent unexpected event(s) or emergency has caused you to be in financial hardship?
This question **MUST** be completed for your application to be processed.

Required Documentation

16  To enable IBN to assess your application quickly and accurately you must provide evidence of financial hardship, such as:

Current payslips (*if you are working*)

Centrelink income statement (*if you are not working*)

Bank statements

Household bills

Police report

Medical assessment

Statement from a social worker

A fully itemised telephone bill
(*if claiming assistance with telephone bill*)

Breach or eviction notice in name of the IBN Member making the application; the address must match the member's registered address with IBN (*if claiming rental assistance*)

Supplier quotes/invoices including supplier 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

17 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