

3.3 Funeral Support

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

Note: Applications for funeral travel must be lodged no less than four days prior to the funeral.

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

Funeral arrangements (for IBN Member funerals)

Funeral travel

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

At least 4 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

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 Where is the funeral being held?

11 What is the date of the funeral?

12 Name of deceased IBN Member

(applicable for funeral arrangement applications only.)

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

Assistance requested

13	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 fuel or food indicate if you require a voucher or *card below:

Food voucher Food card

Fuel voucher Fuel card

**Cards only available at participating outlets*

Required Documentation

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

Funeral travel

Funeral notice

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

Funeral arrangements (IBN Member funerals)

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

Declaration

16 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