

Home Palliative / Frail / Disabled Care Assistance
Care and support for old age illness, terminally ill, frail or disabled

Provides each registered beneficiary with financial assistance with the costs associated in caring for terminal, frail, aged or disabled persons, including cost of home care. Provides financial assistance to visit a person who is terminally ill, frail, aged or disabled.

BENEFICIARY INFORMATION

Application Date:	Date of Birth:	
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

APPLICATION DETAILS

Patient Name:	Relationship:
Assistance Required: <i>(Description of what care / assistance is required e.g. homecare, wheelchair etc)</i>	

FUNDS REQUESTED

Travel: \$	<input type="checkbox"/> Fuel <input type="checkbox"/> Flights	Travelling from:
Diagnosis / Treatment: \$	<input type="checkbox"/> Diagnosis / Tests <input type="checkbox"/> Surgery <input type="checkbox"/> Medication <input type="checkbox"/> Rehabilitation	
Appointment fees: \$	Practitioner:	Telephone:
Accommodation: \$	Hotel / Provider:	Telephone:
Other: \$	Please specify:	
Total \$	<i>Maximum \$10,000 per beneficiary per year</i>	
Supporting Documentation:	<input type="checkbox"/> Supporting documentation from relevant Medical Professional / Appointment confirmation <input type="checkbox"/> Quote / Invoice/ Receipt detailing services and cost is attached <input type="checkbox"/> Supplier payment details are attached (account name, BSB, account number)	

Applications will NOT be processed until supporting documentation and supplier payment details are received.

- I am not eligible for benefits from any other funding source for these expenses (e.g. Plan B / AET, Gumala, IBN or a Government Agency).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

Beneficiary Signature: **Date:** / /

NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.

Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 **Email:** perthadmin@mutualtrust.com.au

Mail: Mutual Trust, PO Box 307, CLAREMONT WA 6910

If you have any queries, please contact us on (08) 9230 7700