

## Medical Supporter Policy

*Relief of Poverty and Advancement of Social Welfare*

Provides each registered beneficiary with financial assistance when providing support to a person attending a medical appointment away from their ordinary place of residence. The person seeking support must be either old/frail/critically ill/a minor or have a severe medical condition that requires a supporter. This is limited to 2 supporters per person.

### 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

Name of Person Needing Care:				
Relationship to Beneficiary:	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Partner	<input type="checkbox"/> Other – please specify: .....
Medical Condition / procedure:				
Appointment Details:	Date:	/	/	Location:
Travelling From:	Travelling To:		Days away from home:	

### 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
Practitioner: .....					
Appointment fees:	\$ .....	Dates: .....			
Hotel / Provider: .....					
Accommodation:	\$ .....	Telephone: .....			
Living Costs / Other	\$ .....	Please specify: .....			

Have you been in contact with a travel agent?  Yes  No

<i>Maximum \$10,000 per beneficiary per year</i>	
<b>Total</b>	\$ ..... <b><i>Payments are made directly to suppliers with the exception of travel, food and incidentals which are paid at a daily ATO rate.</i></b>
<b>Supporting Documentation:</b>	<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 claiming benefits from another source for this expense (e.g. Plan B / AET, Gumala, IBN, health insurance).
- 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:**        /        /

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***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.***

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

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

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