

SUBSEQUENT APPLICATION

APPLICATION FOR FINANCIAL ASSISTANCE 2019

The David Williams Fund provides support to improve the well-being of the Victorian HIV community. The average application is approximately \$125. Not all applications are approved as demand on the fund is high.

The fund does accept applications for: medical expenses, emergency food vouchers, white-goods, education costs and most basic needs items.

The fund cannot provide: legal fees, fines, personal loans, retrieval costs for pawned items, insurance, items already paid for, call/data charges on your telephone or credit card debt.

The checklist on the back of this form will assist you to complete the application correctly. It may be to your advantage to access a community /social worker, to assist with your application.

All applications must be lodged by 4.00 pm Friday to 51 Commercial Rd South Yarra 3141. All applicants are advised of the outcome by mail or, for pick up on the following Thursday.

As a publicly funded organisation we are bound by the Victorian privacy laws - the *Information Privacy Act 2000* and the *Health Records Act 2001* - as well as other laws which impose specific obligations on us in regards to handling information. Files are shredded if not used for seven years.

PERSONAL DETAILS

NAME: _____

ADDRESS: _____

_____ **POST CODE** _____

POSTAL ADDRESS (if different): _____

PHONE: () _____ **MOBILE:** _____

DATE OF BIRTH: ____ / ____ / ____ **PLC NUMBER (if applicable):** _____

EMAIL ADDRESS: _____

CENTRELINK CUSTOMER REFERENCE NUMBER (C.R.N.) _____

All applicants applying for DWF financial assistance must provide a current copy of their Centrelink Health Care Card and a current copy of their Centrelink Income Statement.

Office Use Only: DWF # _____ Application #: _____

What year you were diagnosed with HIV? _____

Have you been diagnosed with Hepatitis C Yes No
 Rather not say

Are you Aboriginal or Torres Strait Islander? Yes No
 If yes;
 Are you Aboriginal but not Torres Strait islander? Yes No
 Are you Torres Strait islander but not aboriginal? Yes No
 Are you both aboriginal and Torres Strait islander? Yes No
 Are you from a non-English speaking background? Yes No
 What is your country of birth? _____
 What language do you speak at home? _____

Are you Intersex? Yes No Rather not say

What Gender do you identify as?

Male Female Genderqueer Rather not say
 Transman Transwoman Other Specify _____

How do you define your sexual orientation?

Gay Lesbian Bisexual Queer
 Heterosexual Rather not say Other Specify _____

ITEM AND PAYMENT INFORMATION

Please note you may request multiple items but there is no guarantee that these will be granted. You must prioritise your requests as only one may be approved. The fund only provides cheques to companies, not individuals.

	Amount :	Item:	Cheque made payable to:
1 st			
2 nd			
3 rd			

Please MAIL me the outcome

I will PICK UP the outcome

For pick up - call Positive Living Centre on 9863 0444 the following week to find out the outcome. If approved, reception will let you know when cheques are available

If you are requesting assistance for any of the following, you do not need to attach quotes as the DWF has a distributor that will supply these items brand new.

- Fridge or Washing Machine
- Mattress and/or base (Queen size is assumed unless advised otherwise)
- Other direct-from-supplier delivery

I consent to my name, address and phone number being given to the DWF supplier (please tick below):

YES NO Signed _____

If you choose not to go with our supplier or for any other items not on this list, you must provide 2 quotes from different retailers

OTHER FUNDING SOURCES

Have other agencies been approached for assistance? Yes No

Agency approached? _____

What was the outcome? _____

Are requesting assistance with rent? Yes No

Your Local Transitional Housing Office must be asked before putting in a DWF application.

Please call 1800 825 955 to find your closest office.

If yes, which Transitional Housing Office did you apply to and what was the outcome?

SUPPORTING STATEMENT

Please document below current financial situation and degree of need along with why you are in need the item / you are applying for.

CONFIRMATION or CHANGES OF PREVIOUS DETAILS

Has your income or expenses changed from your original application? If “yes” please document the changes below or advise the DWF coordinator.

CLIENT CONSENT STATEMENT

I authorise the DWF coordinator to seek verification if and where necessary to confirm any information provided in this application or any applications I may make in the future. I certify that all the information provided is true and correct.

I agree that the DWF may share information and exchange information in order to assist in resolving my financial difficulties with other agencies / companies directly involved, for the purpose of providing me with the best possible support to suit my circumstances.

I understand that relevant information about me will only be shared when deemed necessary or to progress my case or application.

Client’s Signature: _____ **Date:** ___/___/2019

If prepared by case Worker on Client’s behalf:

Case Worker’s Signature: _____ **Date:** ___/___/2019

Name: _____ Phone Number: _____

CHECKLIST

- I have attached a current copy of my Centrelink Health care card
- I have attached a copy of my Centrelink income statement or the DWF have signed authority to obtain one.
- Rent applications** – I have attached a copy of my lease agreement
- Rent applications** – I have contacted my local transitional housing agent
- Bills** – I have attached a copy of my bill (to be considered, bills must be in your name)
- Purchases / repairs** – I have attached two quotes from two different retailers / companies
- Coolers** – If wanting to apply for an Air Conditioner, you must attach a supporting letter from your doctor confirming that you are either house bound or have medical issues that require cooling
- Stolen goods** – If applying for items that have been stolen, you must provide a police report

If you wish the committee to reconsider your application because of special circumstances or if you are not satisfied with some aspect of the DWF process, you must put it in writing and forward it to the DWF committee, 51 Commercial Road, South Yarra 3141.

Office Use Only

Referred to FC: _____ Date: _____

Referred to Other: _____ Date: _____