

**REGISTRATION/INTAKE FORM****APPLICATION FOR FINANCIAL ASSISTANCE 2020**

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, whitegoods, 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 regard 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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Centrelink Customer Reference Number (C.R.N.) \_\_\_\_\_

Case Worker (if applicable): \_\_\_\_\_ ☎: \_\_\_\_\_

Place where application is made: \_\_\_\_\_

How did you hear about the fund? \_\_\_\_\_

IF YOU **DO NOT** WANT MAIL SENT, PLEASE MARK THIS BOX 

Office Use Only: DWF #: \_\_\_\_\_ Application #: \_\_\_\_\_

**1. GENERAL INFORMATION**

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 \_\_\_\_\_

**2. VERIFICATION OF HEALTH STATUS**

All applicants registering for DWF financial assistance must provide an original letter from their doctor confirming their HIV status.

I have attached this letter       I am in the process of getting this letter

**3. VERIFICATION OF PENSION OR HEALTH CARE CARD**

All applicants registering for DWF financial assistance must provide a current copy of their Centrelink Health Care card and a current copy of their Centrelink Income statement.

I have attached a copy of my Centrelink Health Care Card   
I have attached a current copy of their Centrelink Income Statement.

**4. FINANCIAL INFORMATION**

**A. INCOME PER FORTNIGHT.**

Are you receiving a Centrelink allowance?  
Yes       No       Waiting approval       Working

If so, what kind of Centrelink benefits do you receive? (i.e. DSP, Newstart etc)  
\_\_\_\_\_

What is your fortnightly Centrelink income? \_\_\_\_\_

Do you receive any other income? (e.g., superannuation, work, work cover, gift)  
\_\_\_\_\_

**Total Income from All Sources:**

## B. EXPENDITURE PER FORTNIGHT

### Accommodation:

Are you in share accommodation? If so how many do you share with?

Which housing is applicable to you, and what is your fortnightly share?

	Private rental	\$
	Mortgage	\$
	Ministry of Housing – Public housing	\$
	Board	\$
	Other - please state	\$
	Own Home	

Payment per fortnight: \$

### Living Costs

Please indicate cost per fortnight for the following expenses.

Electricity	\$
Gas & Fuel	\$
Water	\$
Telephone	\$
Credit card - <i>Total amount</i>	\$
- <i>Payments per fortnight</i>	\$
Credit card - <i>Total amount</i>	\$
- <i>Payments per fortnight</i>	\$
Personal loan - <i>Total amount</i>	\$
- <i>Payments per fortnight</i>	\$
Centrelink loan - <i>Payments per fortnight</i>	\$
Food	\$
Travel / motor car	\$
Children costs	\$
Cigarettes / alcohol	\$
Entertainment	\$
Medicines / treatments	\$
Vet costs	\$
Other regular expenses	\$
<b>Describe 'other' expenses:</b>	
<b>Total expenditure</b>	<b>\$</b>

## SUMMARY OF INCOME AND EXPENDITURE

Total Income from all sources	\$
Total accommodation costs and living expenses	\$
<b>Surplus or shortage:</b>	<b>\$</b>

**6. 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.

	<b>Amount :</b>	<b>Item:</b>	<b>Cheque made payable to:</b>
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

**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
- 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\***

**7. OTHER FUNDING SOURCES**

Have other agencies been approached for assistance?      Yes       No

Agency Approached? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Are you 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, where did you apply and what was the outcome? \_\_\_\_\_

\_\_\_\_\_

**8. 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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 9. 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.

I certify that all the information provided is true & correct.

I have received a copy of the THH Privacy Policy (Tick Box).

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 2020

If prepared by case Worker on Client's behalf:

**Case Worker's Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## CHECKLIST

Please tick the appropriate boxes

**If you haven't attached the appropriate documentation your application will be delayed until the documentation has been provided**

- I have attached **verification of my health status, from my doctor** – All registration documents must be originals, not faxed or photocopies.
- I have attached a **current copy of my Centrelink Health care card**
- I have attached a **copy of Centrelink income statement** or given authority to the fund to obtain it by signing the Centrelink form
- 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 you 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 forwarded it to the DWF committee.

### Office Use Only

Referred to FC: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to Other: \_\_\_\_\_ Date: \_\_\_\_\_



# *David Williams Fund*

ABN VAC 52 907 644 835  
ABN GMHC 87 652 472 253

51 Commercial Road,  
South Yarra VIC 3141.  
Ph: (03) 9863-0444  
Fax: (03) 9820-3166

I \_\_\_\_\_ authorise:

- The VAC's David Williams Fund to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- The Australian Government Department of Human Services (the department) to provide the results of that enquiry to VAC's David Williams Fund

I understand that:

- The department will use information I have provided to the VAC's David Williams Fund to confirm my eligibility for relevant services and will disclose to the VAC's David Williams Fund my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payment, deduction and shared care arrangements.
- This consent, once signed, remains valid while I am a customer of VAC's David Williams Fund unless I withdraw it by contacting the VAC's David Williams Fund or the department.
- I can obtain proof of my circumstances/details from the department and provide it to VAC's David Williams Fund so that my eligibility for relevant services can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the services provided by VAC's David Williams Fund

Name: \_\_\_\_\_ Centrelink No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date ..... / ..... / 2020

Thank you for your assistance,

David Williams Fund

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**Office Use Only:**

Updated By: \_\_\_\_\_ Date: \_\_\_\_\_





THH takes your privacy seriously. THH has a legal and ethical obligation to ensure the privacy of information relating to individual clients and their families.

THH's Privacy and Confidentiality Policy reflects the principles outlined in the **Health Records Act 2001**, the **Privacy Act 1988** (Commonwealth - incorporating the Privacy Amendment (Enhancing Privacy Protection) Act 2012) and the **Privacy & Data Protection Act 2014** (Victoria) regarding the collection, use, disclosure, access and protection of any personal or health information we hold.

In line with these principles, THH Policy requires the organisation:

- To only collect and use personal information with the client's prior knowledge and consent
- To only use the personal information provided for the purpose for which it was collected. This may include health service provision, research and auditing purposes.
- To remove personal information from records when it is no longer required, unless it is legally required to be retained and archived
- To ensure policies and procedures are in place to protect the personal information we hold
- To ensure THH's Privacy & Confidentiality Policy is available for clients and the public to access
- Not to disclose personal information to other services or individuals without consent
- Not to disclose personal information to other institutions and authorities unless required by law or other regulations or statutes.

THH also collects data about the use of our website and social media pages. This data is only used to track the performance of our website and social media pages. It is not used to identify individual users or collect personal information.

Feedback provided on THH's website or social media pages about VAC services and programs is downloaded, de-identified and used by THH for service and program improvement.

Email/Social Media addresses provided via the THH website or Social Media will only be used to respond to specific user queries and will not be added to any mailing lists or disclosed to other parties without user's knowledge and consent.

Clients and individuals have the right to access their personal or health information held by THH. Such requests are to be in writing using the *THH Request to Access Client Care Records* form, and addressed to the relevant service manager.

Further information is available from [THH Privacy & Confidentiality Policy](#) and [THH's Client Confidentiality Procedure](#).

For further information about THH's Privacy and Confidentiality Policy, please contact VAC via <https://thorneharbour.org/contact/>, or call **THH's Privacy Officer** on Tel: +61 3 9865 6700 or Toll Free: 1800 134 840.

If you feel the privacy of your health information or personal details has been compromised in any way at THH, please contact our Privacy Officer (contact details as above) about how to make a complaint.

Complaints about privacy and confidentiality breaches can also be directed to:

**Health Services Commissioner, Complaints and Information**

Tel: 1300 582 113 Fax: +61 3 9032 3111, or write to:

Health Services Commissioner, 26th Floor, 570 Bourke Street, Melbourne Vic 3000

**Australian Privacy Commissioner** [www.oaic.gov.au](http://www.oaic.gov.au) / [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)

**Commissioner for Privacy & Data Protection**

Tel: +61 3 8619 8719 Local Call 1300 666 444 Fax: +61 3 8619 8700 Local Fax: 1300 666 445

[enquiries@privacy.vic.gov.au](mailto:enquiries@privacy.vic.gov.au)