

MCCR FINANCIAL ASSISTANCE SCHEME APPLICATION FORM

APPLICANT DETAILS (PLEASE ENSURE YOU COMPLETE ALL DETAILS):

Title: First Name: Surname:

Age: Male Female

Address:

Town: Postcode:

Home Phone: Mobile:

Email:

ASSESSMENT DETAILS:

Medical Situation	Treatment Plan
Date Diagnosed
Type of Cancer
.....
Anticipated Financial Needs

Family Situation - List the number of dependents &/or carer(s) *(provide a separate sheet if not enough space)*

Dependents Ages Carer(s)

Assistance Required - Item & amount *(refer to criteria on back and include a copy of any bills showing payee details)*

Item	Amount \$
Item	Amount \$
Item	Amount \$

For reimbursement of bills already paid please provide your direct deposit details:

Bank	BSB	Acc No.
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I give permission for a Financial Assistance Scheme assessor to contact me or my referrer if further information is required.

I acknowledge that my personal details may be made available on a strictly confidential basis within MCCR FAS and/or my treatment organisation/s in order for financial assistance to be given.

SIGNATURES:

Applicant: **Referrer:**

Please print name & sign

Date: **Referrer Phone No.:**

FOR OFFICE USE ONLY

A / R Date / / On behalf MCCR FAS - please sign & print

CRITERIA

Assistance will be considered for individuals and/or carers, family and dependants who have this application signed by a health care professional (e.g. social worker, community nurse, doctor).

All assistance will be provided in the form of vouchers and/or direct payment of eligible outstanding items.

To be eligible for assistance applicants must:

- Have been diagnosed with cancer, or be an immediate family member of a person diagnosed or re-diagnosed with cancer within the past 12 months.
- Be a resident of Snowy Monaro Regional Council and listed on the electoral roll.
- Provide the original or a copy of unpaid fees or bills

ELIGIBLE ITEMS

- Household bills including telephone, insurance, gas and electricity
- Car registration
- Car repairs
- Fuel / Transport
- Pharmacy - cancer related
- Medicare "Gap Fees"
- Accommodation for treatment
- Telehealth psychological counselling support
- Other items may be approved by mcCr FAS

EXCLUDED ITEMS

- Funerals
- School fees
- Credit Card bills
- Bills for non-essential services (e.g Pay TV)

PRIVACY ACT & RELEASE OF INFORMATION

The MCCR Financial Assistance Scheme (MCCR FAS) has strict procedures for protecting the privacy of clients, practice is consistent with privacy and other legislative requirements. A copy of the policy is on the website, www.mccr.org.au

WHAT TO DO NEXT

Forward the completed application form and any invoices to MCCR Financial Scheme.
Email a scanned copy to fas@mccr.org.au.

Additional application forms can be downloaded from www.mccr.org.au

If you require any further information please email the MCCR Financial Assistance Scheme at:
fas@mccr.org.au