

Application For Assistance Form



Full Name:

Client #

Date of Birth:

Parent / Carer / Next of Kin:

Relationship to child:

Street address:

Suburb:

Postcode:

Email:

Phone:

Name of equipment / provider quotes:

Quotes attached? Yes No

Type of therapist: Occupational Therapist Physiotherapist Other

Please attach report from Therapist

Is family able to contribute to cost? Yes No Amount able to contribute:

Is client registered with NDIS? Yes No

Outcome re request:

Have you approached other sources for financial assistance? Yes No

Name of organisation/s & outcome:

Do you have Compensation? Yes No

Do you have Private Health Insurance? Yes No

Total funding amount requested: \$

Extra information: