

Financial Assistance Program

Application Form

This application form is to be completed by a Health Professional. Refer to Cancer Council SA Financial Assistance Program guidelines for more information. Please fax the completed form to 08 82914268 **OR** scan and send via email to financialassistance@cancersa.org.au. For enquiries, please contact **Cancer Council 13 11 20**.

| | |
|------------------------|-------|
| Application ID No: CS- | Date: |
|------------------------|-------|

REFERRER DETAILS

| | |
|-------------------|-----------|
| Name of Referrer: | Position: |
| Email: | Phone: |
| Hospital/Agency: | |

CLIENT INFORMATION (person with cancer)

| | | |
|--|---|-----------|
| Name: | Date of birth: | |
| Address: | | |
| Suburb: | State: | Postcode: |
| Email: | | |
| Phone: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| CALD background? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Specify: _____ Language: _____ | | |
| Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Carer/legal guardian/other contact details: _____ | | |

MEDICAL DETAILS

| | |
|--|-------------------------------|
| Cancer type: | Date of diagnosis (if known): |
| Cancer stage: <input type="checkbox"/> Early/localised <input type="checkbox"/> Metastasis/widespread/advanced <input type="checkbox"/> Recurrence <input type="checkbox"/> Terminal | |
| <input type="checkbox"/> Other _____ | |

PSYCHOSOCIAL ASSESSMENT

Living situation: Alone With partner With dependants

Number and age of dependant children: _____

Other comments:

FINANCIAL SITUATION *(tick all that apply)*

INCOME

| Employment status pre-diagnosis | | | Current employment status | | |
|---------------------------------|---------|-------------|---------------------------|---------|-------------------------------|
| Client | Partner | | Client | Partner | |
| | | Full-time | | | No change |
| | | Part-time | | | Reduced hours |
| | | Not working | | | Not working |
| | | Centrelink | | | Applying for benefits/pension |
| | | Permanent | | | Paid leave |
| | | Casual | | | Unpaid leave |
| | | Other | | | Other |

EXPENSES

Specify any increase in expenses as a result of cancer diagnosis (e.g. treatment related costs, increase in household utility costs, etc):

BILL FOR PAYMENT

| SUPPLIER | AMOUNT | \$ |
|----------|--------|----|
|----------|--------|----|

- I confirm I am submitting this form on behalf of a person with cancer who, following my assessment and in my professional judgement requires financial assistance due to the impact of their cancer diagnosis.
- I confirm the client is aware of and has consented to the use of their personal information for the purpose of Cancer Council SA processing this Financial Assistance Program referral.
- I have attached a copy of the client's bill.

Signature of Referrer:

Date:

OFFICE USE ONLY

Approved by:

Date:

Collection Statement

Your privacy is as important to Cancer Council SA as it is to you. That's why any personal information you give us will be treated with respect and in strict confidence. Personal information is collected to assess and process your application. Your Personal information may also have been collected to process donations, issue tax receipts and to send you updates. We may disclose your information to agents, contractors and third parties who provide services to us, and in doing so we take reasonable steps to ensure any information held by our service providers is protected. A full copy of our Privacy Policy is at www.cancersa.org.au/privacy with details about how you can access and correct your personal information and how we handle any privacy complaints. Or call us on 1300 65 65 85 for more details about our commitment to your privacy.

Financial Assistance Program Guidelines

The Financial Assistance Program provides support to individuals with a diagnosis of cancer which is impacting on their financial situation and capacity to make household bill payments.

A grant of up to \$250 towards unpaid household accounts may be available to assist people who are experiencing financial hardship as a result of their cancer diagnosis. A further application for assistance may be considered for an individual after two (2) years if they are having ongoing treatment or a further episode of disease.

Program eligibility/criteria

Eligibility is determined by assessment of financial needs within the context of the family's resources and following assessment of the individual's eligibility for any other available financial support sources. Other avenues of financial assistance should be explored before making an application, i.e. opportunities to waive or reduce accounts/ fees. Where significant financial hardship is identified, consideration should be given to referral to a financial counsellor.

An individual referred to the program must meet the following **criteria**:

- confirmed diagnosis of cancer
- is experiencing financial hardship as a direct result of their cancer diagnosis and can demonstrate
 - reduction in income (e.g. inability to work, reduced hours) and/or
 - additional expenses incurred (e.g. parking, transport, accommodation, medication, treatment, increased utility bills).

Who is not eligible?

- Individuals whose financial hardship circumstance is not related to a cancer diagnosis.

Coverage

Assistance will be considered for payment of unpaid essential household accounts including gas/ electricity/telephone, council and water rates, car registration or repair costs and ambulance cover. Advance payments are not accepted.

Funding is not available in cash, or for the direct payment of treatment for cancer, pharmaceutical costs, travel, accommodation costs, or the ongoing provision of aids or appliances.

Exceptional circumstances

If a referrer identifies the person with cancer is experiencing extraordinary financial hardship that is not covered by the Financial Assistance Program outlined above, the referrer should contact the **Information and Support Line** on **13 11 20** for advice.

Who can make an application?

Applications are made by:

- **Cancer Council 13 11 20** Information and Support nurses, Cancer Council SA social workers and counsellors
- Oncology or treatment centre social workers
- Cancer network nurses
- Other health professionals or welfare officers.

How to make an application

Applications must be made using the Financial Assistance application form in alignment with the Program Guidelines. The application should be emailed to financialassistance@cancersa.org.au or faxed to **08 8291 4268**.

Please ensure the following has been completed to avoid any delays in processing:

- all questions are answered and the application form is signed; and
- accounts or good quality copies including BPAY or EFT details are attached.

If account(s) are overdue or nearing due date, you are advised to organise extension(s). Extensions and due dates need to be written on the account(s).

Once the application is received it is assessed and the referrer is notified of the outcome within two (2) weeks. If successful Cancer Council SA will pay the biller/ service provider directly, usually by electronic transfer of funds. Recipients of assistance are notified by letter that payment has been made. The letter also includes information about Cancer Council SA.