

**Medical Supporter Policy**
*Relief of Poverty and Advancement of Social Welfare*

Provides each registered beneficiary with financial assistance when providing support to a person attending a medical appointment away from their ordinary place of residence. The person seeking support must be either; old/frail/critically ill/a minor or have a severe medical condition that requires a supporter. This will also include any medications that the non-Yinhawangka person may require. This is limited to 2 supporters per person.

**BENEFICIARY INFORMATION**

Application Date:		Date of Birth:	
Full Name:		Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:			
City / Suburb:		State:	Postcode:
Email:		Phone:	

Please tick if the phone number provided is a new number and you would like us to update your contact details

**APPLICATION DETAILS**

Name of person needing care:			
Relationship to beneficiary:	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Partner <input type="checkbox"/> Other – please specify:
Medical condition / procedure:			
Appointment details:	Date: / /	Location:	
Travelling from:	Travelling to:	Days away from home:	

**APPOINTMENT DETAILS / FUNDS REQUESTED**

Travel: \$ .....  Fuel  Flights Travelling from:.....

**Capped travel allowance of up to \$750 per application (return trip) in relation to kilometrage only.**

Diagnosis / Treatment:	\$ .....	<input type="checkbox"/> Diagnosis / Tests	<input type="checkbox"/> Surgery	<input type="checkbox"/> Medication	<input type="checkbox"/> Rehabilitation
Practitioner: .....					
Appointment fees:	\$ .....	Dates of appointments:.....			
Accommodation:	\$ .....	Hotel / provider: .....			
Living costs / food allowance:	\$ .....	<input type="checkbox"/> Daily food allowance	Number of days:.....		
Other costs:	\$ .....	Please specify: .....			
<b>TOTAL</b>	<b>\$ .....</b>	<b>Up to \$15,000 per beneficiary per financial year (included in overall combined limit of \$15,000)</b>			

**Payments are made directly to suppliers with the exception of travel, food and incidentals which are paid at a daily ATO rate.**

Have you been in contact with a travel agent?  Yes  No

**REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?**

Have you already paid the bill?  Yes  No

If **'yes'** please provide:  Quote / invoice/ receipt detailing services and that the account has been paid; and / or  
 Bank statement / remittance showing the funds were paid from your bank account.

If **'no'** please provide:  A quote or invoice from the supplier detailing the services and the amount owed; and  
 Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

**Supporting Documentation:**  Supporting documentation from a health care professional confirming details of the medical appointment; and  
 A letter of support from a health care professional, confirming a supporter is required; and  
 Invoice / quote / receipt detailing services and outstanding amount is attached; and  
 Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

**Applications will NOT be processed until supporting documentation and supplier payment details are received.**

- I am not claiming benefits from another source for this expense (e.g. another Trust, insurance company or government agency).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

**Beneficiary Signature:** ..... **Date:** / /

***NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.***

**Please send completed forms and supporting documents to Mutual Trust by:**

**Fax:** (08) 9230 7701 **Email:** [perthadmin@mutualtrust.com.au](mailto:perthadmin@mutualtrust.com.au)

**Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909

If you have any queries, please contact us on (08) 9230 7700