MUTUAL TRUST

Yinhawangka Charitable Trust
Distribution Application Form

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: ☐ Junior ☐ 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: ☐ Parent ☐ Child ☐ Partner ☐ 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: $ ..... ☐Diagnosis / Tests ☐ Surgery ☐ Medication ☐ Rehabilitation

Practitioner: .....

Appointment fees: $ ..... Dates of appointments:.....

Accommodation: $ ..... Hotel / provider: .....

Living costs / food allowance: $ ..... ☐ Daily food allowance Number of days:.....

Other costs: $ ..... Please specify: .....

TOTAL **$ .....** **Up to $15,000 per beneficiary per financial year (included in overall combined limit of $15,000)**

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

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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
Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909
If you have any queries, please contact us on (08) 9230 7700