MUTUAL TRUST

Yinhawangka Charitable Trust
Distribution Application Form

Palliative / Frail / Disabled Care Assistance Policy

Care and support for old age illness, terminally ill, frail or disabled

Provides each registered beneficiary, as well as their dependents and/or spouse, with financial assistance with the costs associated in caring for terminal, frail, aged or disabled persons, including cost of home care. Provides financial assistance to visit a person who is terminally ill, frail, aged or disabled.

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

Patient Name:		Relationship of patient to beneficiary:
Assistance Required: *(Description of what care / assistance is required e.g. homecare, wheelchair etc)*		

FUNDS REQUESTED

Travel:	$	☐ Fuel ☐ Flights	Travelling from:
Diagnosis / Treatment:	$	☐ Diagnosis / Tests ☐ Surgery ☐ Medication ☐ Rehabilitation	
Appointment fees:	$	Practitioner:	
Accommodation:	$	Hotel / Provider:	
Other:	$	Please specify:	
TOTAL:	**$ .....**	**Up to $15,000 per beneficiary per financial year (included in overall combined limit of $15,000)**	

Have you already paid the bill? ☐ Yes ☐ No

Supporting Documentation:

- ☐ Supporting documentation from relevant Medical Professional / appointment confirmation
- ☐ Invoice / quote / receipt detailing services and outstanding amount is attached or paid.
- ☐ 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 eligible for benefits from any other funding source for these expenses (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