

**Illawarra Community Foundation**

**Funds from i98FM Illawarra Convoy – Individual & Family Support Information**

The Illawarra Community Foundation provides financial assistance and respite services to individuals and their families living in the Illawarra & surroundings regions who are suffering financially due to a potentially life threatening or significantly life limiting illness.

To be eligible for assistance from the Illawarra Community Foundation, you must meet the following criteria;

* Have an immediate family member with a potentially life threatening or significantly life limiting illness.
* Diagnosis of illness/condition and limitations confirmed by a treating doctor or specialist.
* Currently receiving treatment for the illness.
* Currently live within the Illawarra & south coast regions, including Wollongong, Kiama, Shoalhaven, Shellharbour, Wingecaribee and Wollondilly Shire council areas.
* Be under financial stress due to illness. This may be due to unpaid or increased time off work or the extra financial burden of treatment.
* Preference is given to families with children with life threatening conditions.

NOTE: Funding may be granted in other exceptional circumstances, where misfortune has caused severe financial difficulties at the discretion of the Illawarra Community Foundation board of directors.

**NOTE: Private fundraising**

If there has been any private fundraising done on behalf of the applicant (whether online or offline) we will require full disclosure of funds raised before we are able to provide financial assistance to the applicant.

Requests for assistance will be reviewed and awarded by the Board of Directors of The Illawarra Community Foundation.

**FUNDING AVAILABLE IN THE FOLLOWING AREAS**

* Food and/or petrol gift cards
* Pharmacy account – an account opened in the name of the applicant with your local, regular pharmacy for over the counter and/or prescription medication required as part of treatment. (Pharmacy Details required with application)
* Medical equipment required as part of treatment paid directly to supplier of equipment. (Invoice/quotation required with application)
* other, at the discretion of the Illawarra Community Foundation board of directors & committee

**GUIDELINES FOR ASSISTANCE**

* Incomplete applications are unable to be considered. Please ensure you attach a letter from a treating Doctor, or specialist that confirms your condition.
* The Illawarra Community Foundation will not pay cash amounts to applicants. Funding received will be in the form of vouchers or direct payment to suppliers.
* The assistance is available for a period of 12 months.
* Patients can apply for funding once in a twelve-month period. A second application in a twelve-month period will only be considered in extreme circumstances.
* The assistance is for the financial benefit of the applicant and their immediate family.
* The Illawarra Community Foundation is willing to open a pharmacy account through your local pharmacy and the hospital pharmacy for medication related to your treatment. This account is opened in good faith that the only items charged to the account will directly relate to the applicant’s current diagnosis. If items not directly relating to the diagnosis are charged to the pharmacy account, it is the responsibility of the applicant to pay for those items. The Illawarra Community Foundation will not accept any responsibility for payment of items not directly relating to the diagnosis. It is the responsibility of the applicant or their representative to ensure only the correct items are charged to the account.
* If there is any private fundraising done by or for the benefit of the applicant, The Illawarra Community Foundation MUST be immediately informed.
* All applications will be considered and awarded by the Illawarra Community Foundation board of directors.

**PRIVACY**

* The Illawarra Community Foundation will retain all information about the applicant in a secure and private location. This information is only for the use of the Illawarra Community Foundation to enable us to provide assistance to present and future applicants.
* No information about the applicant or their situation will be discussed or passed on to any other person or organization without the prior approval of the applicant or their representative.
* As part of our reporting responsibilities, we will use non-specific information regarding all our applicants to create our reports. This will only include the number of applicants registered with us, their generic location and other demographic information.

**MEDIA GUIDELINES**

The Illawarra Community Foundation is a registered charity, and we rely on fundraising and donations to be able to provide financial support to our applicants. To be able to bring in the donations and fundraisers, we would appreciate it if you would consider giving us the following assistance. All the funds raised will go directly to assisting you and all the other applicants registered with us now and in the future.

* Any testimonials or endorsements that you give us both in writing and verbally are able to be used in our advertising. This includes advertising in print, online and in social media. No personal information will be shared in this advertising without your permission.
* At times, we may require an applicant to speak on our behalf. This may be at one of our fundraising events or through media campaigns (print, TV, online and social media). Please indicate if you are willing to consider doing this on our behalf.
* Spread the word! The more people who know about us and the services that we provide, the more funds we are able to attract and the more applicants we are able to help. Please do let people know that we are providing support for you and how much help it is at this time.

**FAMILY & SUPPORT NETWORKS**

As a charity, we are often given gifts to pass on to our applicants and their families. To make sure that we are able to allocate these gifts correctly, we ask that you supply us with the names and dates of birth of any children that reside with you. We also want to make sure that we only discuss information about you and the assistance you are receiving with the correct people. Please list any people that are able to discuss and request assistance on your behalf.

Funding applications will be considered by the Illawarra Community Foundation board of directors on a monthly basis.

For funding enquiries please call Mark Rigby 0409 412 363 or email rigbym@i98illawarraconvoy.com.au

Please send completed applications and supporting documentation to

FUNDING APPLICATIONS

Illawarra Community Foundation,

Locked Bag 6198, Wollongong, NSW, 2500

or email [rigbym@i98illawarraconvoy.com.au](mailto:rigbym@i98illawarraconvoy.com.au)



Illawarra Community Foundation - Funding Application Form – Individual/Family Support

**Application Contact Details:**

**(Please complete this section if you are submitting for an applicant who is under 18, or if you are applying on behalf of another person, or as a contact for a family application.)**

First Name: Surname:

Address: Postcode:

Phone Number: Mobile Phone number:

Email Address:

**Patient Details:**

First Name: Surname:

Date of Birth:

Address: Postcode:

Phone Number: Mobile Phone number:

Email Address:

Marital status: (Please circle) SINGLE MARRIED DEFACTO

**Details of Children living with patient;** Name: Age: Name: Age:

Name: Age: Name: Age:

Name: Age: Name: Age:

**If patient is under 18, who is the legal primary care giver of the patient?**

**NAME: RELATIONSHIP TO PATIENT:**

**PHONE NUMBER:**

**SIGNATURE OF PRIMARY CARE GIVER:**

**Have you received financial support from any other organisations or charities?** YES NO  (If yes please state from who, the amount, and how often.)

**Please attach a copy of your driver’s license, photo ID or utility bill to this application as proof of residence. Applications without required documentation will be considered complete and ineligible for funding.**

**Diagnosis/illness/limitations and current treatment for condition and how often:** (please attach additional pages if required)

**Is this a life threatening or significantly life limiting medical condition?** (Please circle) LIFE LIMITING LIFE THREATENING

**How can the Illawarra Community Foundation support you?** (please attach additional pages if required)

**Has there been any private fundraising for the individual/applicant?** YES NO  (If yes please state how money has been raised, the amount, and if these funds have been spent.)

**SIGNED BY APPLICANT: DATE:**

I declare that the information in this document is true and correct and understand that any false information provided may be fraudulent and affect my application.

**SIGNED BY PATIENT (IF OVER 18): DATE:**

I declare that the information in this document is true and correct and understand that any false information provided may be fraudulent and affect my application.

**Are you interested in sharing your story with our media team, e.g. WIN news, i98FM, i98FM Illawarra Convoy website, Facebook etc.?** YES NO  
  
NOTE: we respect that this is a personal decision and there is no requirement to share your story to be eligible for support. Sharing your story will help encourage other families in similar situations to apply for funding available.

**At times we may require an applicant to speak on our behalf at third party Convoy fundraising events.** This is not a requirement of our funding but allows potential donors to hear directly from beneficiaries and how the support from Convoy assists them.   
  
Please indicate if you are willing to consider doing this on our behalf. YES NO

**MEDICAL LETTER   
(REQUIREMENTS)   
PLEASE NOTE:** Family medical practice letters are not acceptable  
The letter **MUST** be from your treating Doctor or Specialist and cover the following;  
 \* Letter **MUST** be dated for the current year of application  
 \* Letter **MUST** confirm your diagnosis/condition and any limitations caused  
 \* Letter **MUST** confirm what **CURRENT** treatment is being received for the condition and how often. **Referrer (Treating Doctor or specialists details):**

Title: Name:

**Have you attached a signed letter from the above referrer confirming your diagnosis with this application?** YES NO **NOTE:** Applications without this required documentation will not be considered

**Support Requested, please tick support option(s) suitable for your request**

**FAMILY RELIEF FUNDING - Food & Fuel Vouchers**

Required documentation;

* Medical Letter from referrer regarding diagnosis/condition
* Application form & copy of photo identification or utility bill as proof of residence.

**MEDICAL SUPPORT FUNDING - Medication support**

Required documentation;

* Medical Letter from referrer regarding diagnosis/condition
* Application form & copy of photo identification or utility bill as proof of residence.
* Pharmacy details where you would like an account set up. Payment of this option will be directly to the pharmacy.

**MEDICAL SUPPORT FUNDING - Medical Equipment support**

Required documentation;

* Medical Letter from referrer regarding diagnosis/condition
* Application form & copy of photo identification or utility bill as proof of residence.
* Quotation for the equipment required. Payment of this option will be direct to the supplier.

**OTHER (please list)**

Required documentation;

* Letter from referrer regarding diagnosis/condition
* Application form & copy of photo identification or utility bill as proof of residence.
* For equipment purchases please also include quotation from equipment provider