

APPLICATION FOR DISASTER FUND ASSISTANCE

Australian Government Reference number: 1034

IMPORTANT INFORMATION

In times of natural disaster such as droughts, floods and bushfires, RSL LifeCare Veteran Services can provide disaster fund assistance to NSW based veterans and their families. Initial assistance is limited to \$3000 per household.

Additional assistance may be available dependant on individual circumstances and will require a completed **Application for Financial Assistance Form**. If you require further assistance, please contact RSL LifeCare on 02 8088 0388 or email info@rsllifecare.org.au to discuss your needs with a Veteran Support Coordinator.

DETAILS OF APPLICANT SEEKING ASSISTANCE

Full Name:		DOB:	
Current address:			
Suburb:	State:	Post Code:	
Phone number:	Mobile:		
Email:			
Indicate if you are a: Veteran <input type="checkbox"/>		Family member <input type="checkbox"/>	
Relationship to veteran:			
Service/PMKeys Number:		Unit:	
RSL sub-Branch Membership: Yes / No (If yes please state sub-Branch name)			
Is this a natural disaster that has possibly affected other veterans in the community? Yes / No			

ASSISTANCE SOUGHT

What is the amount of financial assistance being requested?

Provide a description of why the assistance is being requested and how it will be utilised: (please include any police, insurance or other relevant reports, photos and/or documents admissible to our auditors)
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INSURANCE INFORMATION

Is the applicant insured for this type of disaster: YES / NO
If YES complete below, if NO continue to next section
Name of Insurance Company:
Policy Number if Known:
Type of insurance cover held:

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OTHER ASSISTANCE
Has the applicant received financial assistance from other sources for this event: YES / NO
If YES complete below, if NO continue to next section
Who provided the assistance?
What amount of assistance was received?
Provided a description of why this assistance was provided so we can consider if this information can be beneficial to other veterans suffering the same event:

PAYMENT INFORMATION	
Please ensure that you attach a copy of a recent bank statement to this application to verify banking details are true and correct.	
Financial Institution:	Account Name:
BSB:	Account Number:

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REPORT & RECOMMENDATION
 BY REPRESENTATIVE / SUB-BRANCH / DVA / DCO / UNIT / CASE MANAGER ETC

To be completed only if this application is being made on behalf of another person other than yourself or your domestic partner/cohabitating family member.

DECLARATION BY REPRESENTATIVE

I, (Full name)

of (address)

With relationship to applicant as their

declare that the statements made in this application are to the best of my knowledge and belief, true in every detail.

Signature:

Date:

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Applicant's Declaration

I, _____

(full name)

Of,

(address)

Certify that:

1. I am the applicant named on this application.
2. The statements made by me in this application and the information supplied in support of this application are true and correct and to the best of my knowledge. I have not failed to disclose any relevant information required by RSL LifeCare to consider my application.
3. I authorise RSL LifeCare to make additional enquiries if necessary and agree to providing additional information if required when determining this application.
4. The information provided by me in this application is to be treated as confidential by RSL LifeCare and is not to be released to any other organisation or person (except for the purposes of determining this application), without my prior written consent, unless ordered to do so by a court of competent jurisdiction.

Applicants signature:

Signed:

Date: ____/____/____

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Consent to exchange information and authority
to act on a client's behalf for their most holistic outcome

By completing this form, a client of RSL LifeCare will enable RSL LifeCare to liaise with nominated organisations and to act on their behalf in relation to a claim or potential claim to the extent of the authority given in this form. If you choose not to complete this form, RSL LifeCare can provide you with advice, but cannot act on your behalf. This form is to be completed by persons (clients) seeking services from RSL LifeCare, ABN: 43 000 048 957

For information or assistance with completing this form, please contact RSL LifeCare on (02) 8088 0388.

General Information about Privacy

To provide you with a professional level of service, RSL LifeCare needs to collect personal information about you. At all times, you have a right to have that personal information kept private and request a copy of all personal information recorded by RSL LifeCare. RSL LifeCare is bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

Your right to Privacy

Under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*, your personal information must be stored securely. On request, you must be told why the information is being collected, how it will be used and whether it will be given to or exchanged with another party so that service/s can be provided to you. If you believe that your privacy has been infringed, you can make a complaint to RSL LifeCare and/or the Privacy Commissioner at any time.

I, _____ DOB: ____/____/____ do
hereby give the staff at RSL LifeCare permission to speak to the following mentioned
organisations on my behalf to assist with my seeking suitable housing and other
assistance.

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I authorise RSL LifeCare to collect, exchange and keep record of my personal information as is required by RSL LifeCare. Further, I authorise RSL LifeCare to act on my behalf in any dealings with the Third Parties/Agencies mentioned below, and to receive copies of all correspondence from the same.

I give this consent according to the provisions of this document and acknowledge that this authority will remain in force until I provide RSL LifeCare with written confirmation of my withdrawal of consent. I understand that it is my responsibility to inform RSL LifeCare if any of the details that I have provided in this form change.

- Family and Community Services (Dept of Housing)
- Real Estate
- My treating doctor, psychologist or psychiatrist
- Hospital staff, R.N., Social Worker
- Link2Home – 1800 152 152
- Department of Veteran's Affairs
- RSL sub-Branch
- Any other services deemed relevant regarding my application for financial assistance with RSL LifeCare, in consultation with me, the Veteran/applicant or my chosen representatives.

Signed by Veteran/Applicant: _____

Date: ____/____/____

Instructions once this form is completed:

Please ensure you have signed pages 4, 5 and 6, this is a requirement before we can process your assistance.

Post to RSL LifeCare, Level 5, 120 Pacific Highway, St Leonards, NSW, 2065.

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OR email to info@rsllifecare.org.au with the subject line 'Wellbeing Team"; this will ensure the email goes to the department managing applications.

For additional information on support that may be available from NSW Government please access the below links.

<https://disasterassistance.service.nsw.gov.au/>

<https://www.service.nsw.gov.au/floods/recovery-centres>

<https://www.nsw.gov.au/disaster-recovery/natural-disaster-declarations>

There are also a number of 24/7 support services available for you including:

Open Arms – Veterans and families counselling service	1800 011 046
Safe Zone Support – An anonymous counselling line for current serving ADF personnel, veterans, and their families	1800 142 072
Defence Family Helpline – Confidential telephone service for ADF members and their families	1800 624 608
Defence All Hours Support Line – For all ADF members and their families	1800 628 036