



# Accommodation Assistance Program

## 2019 Application Form (Vic)

Cystic Fibrosis Community Care’s Accommodation Assistance Program assists CF Community Care members who have cystic fibrosis (CF) who live in regional Victoria to have the support of their immediate family while attending appointments and / or hospital stays in their Melbourne clinics.

Please read the details on page 2 for the terms and conditions and how to apply

### Your details

Name of person with CF:		CF Clinic:
Name of Parent / Guardian (if person with CF is a child)		
Email:		Phone:
Address:		
Suburb / Town:	State:	Postcode:

### Request details

Treating hospital:		Name of CF Clinical Coordinator/CNC:
<input type="checkbox"/> Yes, you have my permission to confirm my clinic / admission date with my treating hospital		
Outpatient clinic / hospital admission date:		Outpatient clinic / hospital discharge date:
Accommodation check in date:		Accommodation check out date:
Room configuration: <input type="checkbox"/> 1 queen bed <input type="checkbox"/> 2 single beds <input type="checkbox"/> Other: .....		
Accommodation required for:	Name:	Relationship to person with CF:
	Name:	Relationship to person with CF:

### Sharing your story

Are you prepared to provide photos, comments and / or a written story or testimonial for use by CF Community Care in newsletters and reporting to funding bodies? (The answer to this question will not affect your chance of receiving the grant).

- Yes - Please tick all the ways you are willing to provide information:  No
- Photos  Comments  Written story

### Privacy and consent

I agree to the collection of the data on this form by CF Community Care and acknowledge that all personal information provided on this form will be placed on CF Community Care’s database and used for purposes associated with its service and business operations / events. It will not be provided to any other person or organisation, without my prior consent, unless required by law. The CF Community Care privacy policy provides information on how to access your personal information held by CF Community Care and how to seek correction of such information if required. The privacy policy also contains information about how to make a complaint about any breach of privacy legislation. For further details of CF Community Care’s privacy policy view the policy online at [www.cfcc.org.au](http://www.cfcc.org.au)

CF Community Care welcomes feedback. You can provide feedback online at [www.cfcc.org.au](http://www.cfcc.org.au) or by contacting CF Community Care

## How to apply

1. Complete all sections of the Accommodation Assistance Program application form
2. Send it to Programs and Support Services, CF Community Care via:  
E: [support@cfcc.org.au](mailto:support@cfcc.org.au)  
M: 80 Dodds Street, Southbank VIC 3006  
F: (03) 9686 3437
3. We will contact you about your application within five business days of receiving it
  - Please call us if you need a more urgent response

## Terms and conditions

You must:

- Be a 2019 member of CF Community Care
- Be a person with CF who is a resident of regional Victoria (including selected NSW border towns) or their immediate family member
- Need the accommodation for a CF-related hospital visit or clinic

Members will be required to pay at least \$45.00 per night (you be able to get this reimbursed through your state Government scheme – VPTAS or IPTAAS)

Accommodation must be booked through us, unless through prior agreement with CF Community Care

A completed application form must be provided

## Need more information?

If you have any questions or would like more information about the Accommodation Assistance Program or any of CF Community Care's other services, contact us on:

W: [www.cfcc.org.au](http://www.cfcc.org.au)

E: [support@cfcc.org.au](mailto:support@cfcc.org.au)

P: (03) 9686 1811

M: 80 Dodds Street, Southbank VIC 3006

Office use only			
Date received:	Application successful: <input type="checkbox"/> Yes <input type="checkbox"/> No, why .....		
Approved Accommodation:	Approved room:	Cost per night:	
Amount approved:	Approved / booked by:	Date approved / booked:	Applicant notified:
Account & job code: 6-0110-7110			