



# 20% Reimbursement Program

## 2019 Application Form

Cystic Fibrosis Community Care's 20% Reimbursement Program assists CF Community Care members who have cystic fibrosis (CF) and their families in a practical way by reimbursing 20% of some of their CF related expenses.

Eligible members may be able to claim up to \$200 per year. Please read the details on page 3 for the terms and conditions and how to apply.

**Applications for 2019 will close Monday 2 December 2019 (or earlier if all grants have been distributed)**

### 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:  |
| Total expenses:<br><i>(Detailed on page 2)</i>              | 20% reimbursement:<br><i>(up to \$200)</i> |            |
| My bank account details for direct deposit / bank transfer: |  |            |
| Name of Bank:   | Account name:                              |            |
| BSB:  | Account number                             |            |

### 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

|                        |   |                |                     |
|------------------------|---|----------------|---------------------|
| <b>Office use only</b> |   |                |                     |
| Date received:         | Application successful: <input type="checkbox"/> Yes <input type="checkbox"/> No, why ..... |                |                     |
| Amount approved:       | Approved by:  | Date approved: | Applicant notified: |
| Account & job code:    |   |                |                     |

## Request details

| No. | Item description | Purchased from | Date purchased | Cost                                   |
|-----|------------------|----------------|----------------|--|
| 1   |                  |                |                |  |
| 2   |                  |                |                |  |
| 3   |                  |                |                |  |
| 4   |                  |                |                |  |
| 5   |                  |                |                |  |
| 6   |                  |                |                |  |
| 7   |                  |                |                |  |
| 8   |                  |                |                |  |
| 9   |                  |                |                |  |
| 10  |                  |                |                |  |
| 11  |                  |                |                |  |
| 12  |                  |                |                |  |
| 13  |                  |                |                |  |
| 14  |                  |                |                |  |
| 15  |                  |                |                |  |
| 16  |                  |                |                |  |
| 17  |                  |                |                |  |
| 18  |                  |                |                |  |
| 19  |                  |                |                |  |
| 20  |                  |                |                |  |
| 21  |                  |                |                |  |
| 22  |                  |                |                |  |
| 23  |                  |                |                |  |
| 24  |                  |                |                |  |
| 25  |                  |                |                |  |
| 26  |                  |                |                |  |
| 27  |                  |                |                |  |
| 28  |                  |                |                |  |
| 29  |                  |                |                |  |
| 30  |                  |                |                |  |
|     |                  |                |                | <b>Total</b>                           |
|     |                  |                |                | <b>20% Reimbursement (up to \$200)</b> |

## How to apply

1. Complete all sections of the 20% Reimbursement Program application form
2. Attach tax invoices for all items being claimed (they must be numbered to match the application form)
  - We are unable to provide reimbursements based on EFTPOS receipts, we require tax receipts
3. Send it to Programs and Support Services, CF Community Care in your state:  
**NSW**  
E: [nswsupport1@cfcc.org.au](mailto:nswsupport1@cfcc.org.au)  
M: PO Box 4113, Homebush South NSW 2140  
**Victoria**  
E: [support@cfcc.org.au](mailto:support@cfcc.org.au)  
M: 80 Dodds Street, Southbank VIC 3006  
F: (03) 9686 3437
4. We will contact you about your application within five business days of receiving it

## Terms and conditions

You must:

- Be a 2019 Member of CF Community Care
- Be a resident of NSW or Victoria
- Have CF or be the primary parent / carer of a child aged under 18 years who has CF

We will reimburse out-of-pocket expenses that are CF-related (as recommended by your CF treating team) such as:

- Medication, vitamins and supplements
- Fitness classes, programs and equipment
- Medical and physiotherapy equipment and servicing costs
- Parking at CF clinic hospitals, clinic and doctor's appointment fees, home care, physiotherapy and massage costs

We will not reimburse expenses:

- That are not CF-related
- That are more than 12 months old
- Such as petrol, postage, clothing or shoes (including specific sports clothing)
- That have already been supported by CF Community Care, Medicare, health insurance, or other services
- That are not recommended by your CF Clinic

Tax invoices for all items being claimed must be attached

- We are unable to provide reimbursements based on EFTPOS receipts

A completed application form must be provided.

**Applications for 2019 will close Monday 2 December 2019 (or earlier if all grants have been distributed)**

## Need more information?

If you have any questions or would like more information about the 20% Reimbursement Program or any of CF Community Care's other services, contact us on:

### NSW

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

E: [nswsupport1@cfcc.org.au](mailto:nswsupport1@cfcc.org.au)

P: (02) 8732 5700

M: PO Box 4113, Homebush South NSW 2140

### Victoria

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