



Physiotherapy Equipment Program 2019 Application Form

Cystic Fibrosis Community Care's Physiotherapy Equipment Program provides support to CF Community Care members who has cystic fibrosis (CF) and need to purchase essential physiotherapy equipment to help manage their CF.

Eligible members may be able to receive support of up to \$100 a year. Members on medium or low incomes may be eligible for additional support of 50% of the expense (up to \$200 a year or \$300 per year respectively).

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

Equipment being requested:	
Equipment provider:	Equipment cost:
Name of treating CF Physiotherapist:	Phone:
<input type="checkbox"/> I, the treating CF Physiotherapist, confirm the physiotherapy and medical equipment is essential	Signature of treating CF Physiotherapist:
<input type="checkbox"/> I, the person with CF or their parent / guardian (if person with CF is a child), give you have my permission to confirm the equipment is essential with the relevant Physiotherapist	
<input type="checkbox"/> Please order the equipment	
<input type="checkbox"/> Please reimburse the member - A copy of tax invoice is attached and bank account details are below:	
Name of Bank:	Account name:
BSB:	Account number
<input type="checkbox"/> Proof of low or medium income is attached (if requesting additional support)	

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

CF Community Care welcomes feedback. You can provide feedback online at www.cfcc.org.au or by contacting CF Community Care

How to apply

- Complete all sections of the Physiotherapy Equipment Program application form and attach:
 - Proof of income if requesting additional support
 - A tax invoice for reimbursement if the item has already been purchased
- Send it to Programs and Support Services, CF Community Care in your state:
NSW **Victoria**
E: nswsupport1@cfcc.org.au E: support@cfcc.org.au
M: PO Box 4113, Homebush South NSW 2140 M: 80 Dodds Street Southbank VIC 3006
F: (03) 9686 3437
- 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 resident of NSW or Victoria
- Have CF or be the primary parent / carer of a child aged under 18 years who has CF

The Program will only support/reimburse expenses that are:

- Deemed essential by the applicants treating CF clinic physiotherapist
- Purchased in 2019

The Program will not reimburse expenses that:

- Have already been supported by CF Community Care, health insurance, or other services
- Can be funded through other sources

If you are on low and medium income requesting additional support you must provide evidence of income (e.g. payment summary, payslip, Disability Support Pension card):

- Low income is defined as a gross (before tax) income of:
 - Less than \$45,000 a year for individuals
 - Less than \$70,000 for couples/families.
- Medium income is defined as a gross (before tax) income of:
 - Between \$45,000 and \$80,000 a year for individuals
 - Between \$70,000 and \$112,000 a year for couples/families.

The support will be provided via:

- A payment made directly to the equipment supplier - A copy of the tax invoice is required, OR
- Reimbursement to the applicant if the equipment has already been purchased - A copy of the tax invoice is required

A completed application form must be provided, including the section completed by the applicants treating CF Physiotherapist

Need more information?

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

NSW

W: www.cfcc.org.au

E: nswsupport1@cfcc.org.au

P: (02) 8732 5700

M: PO Box 4113, Homebush South NSW 2140

Victoria

W: www.cfcc.org.au

E: 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		
Amount approved:	Approved by:	Date approved:	Applicant notified:
Account & job code:			