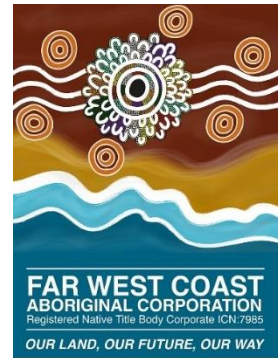


Dental Policy and Application form



PURPOSE

The aim of the Dental assistance is to provide a contribution towards the cost of emergency dental treatment that relieves immediate pain to individuals.

If an applicant reschedules their appointment, the assistance provided will be based on the policy and funding criteria at the time of the rescheduled appointment.

WHO CAN APPLY?

- FWCAC registered member
- Aboriginal people currently living in the Native Title Determination area for at least 10 years.
- Any person who is the primary carer of a FWCAC eligible child under the age of 18 years.

WHAT TYPES OF MATTERS MAY BE FUNDED?

- Emergency treatment that relieves immediate pain and/or treatment that prevents future medical conditions related to oral/dental health
- Medically required dental treatment
- Travel and accommodation costs to attend dentist appointments in circumstances when it is confirmed that there is not a service offered locally. Assistance for this is capped at \$200 per application.

Funding is subject to confirmation from a dentist or GP confirming the location of treatment required is the closest service available to your residential address.

A total of \$600 per member and/or eligible child is available per financial year.

WHAT TYPES OF MATTERS WILL NOT BE FUNDED?

- Any application received by a person applying on behalf of a FWCAC eligible child, and the applicant is not the primary carer of that child.
- Braces, Dentures, Whitening, Veneers, Polishing, Scraping, Calculus removal, Tartar removal, plates, Cosmetic and/or planned treatment dental.
- The cost of the dental treatment when members have chosen not to access the Aboriginal Dental Scheme and or the child Medicare scheme when eligible. -
- Services received before an application is lodged and approved by FWCAC.
- Reimbursement of costs already paid by or on behalf of the applicant.
- Direct payment of cash/bank deposit to individuals
- Food, alcohol, gambling or tobacco products
- Hire vehicles, taxis, and Uber services, vehicle mileage allowance for travel
- Vehicle repairs, insurance, registration, maintenance

MANDATORY CRITERIA.

In considering and assessing applications, the applicant is to:

- Show written evidence of an appointment and/or referral.
- Provide written information regarding other funds being received.
- Provide a quote for dental treatment.
- Confirmation is required from GP or Dentist that treatment is to relieve immediate pain.
- This application is restricted to applicants residing in South Australia only.

APPLICATION REQUIREMENTS.

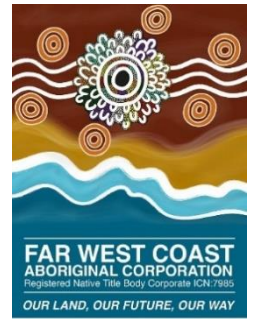
All applications for funding must:

- Be in writing and in the approved application form as provided by the Far West Coast Aboriginal Corporation.
- Provide all required attachments as listed above.
- Nominate the type of assistance required.
- Allow the FWCAC adequate time to process the application.
- Identify your contribution toward the costs of the treatment.
- Be submitted to the mailbox or email address on the application form.
- Address the mandatory criteria outlined in the policy.

GENERAL POLICY GUIDELINES

- Where other agencies have specialised responsibilities to provide funding, FWCAC staff may redirect members to those agencies for assistance.
- Applications will be subject to the policy and funding criteria at the time the application is lodged.
- The FWCAC board sets an annual budget per policy once the expenditure has exceeded its annual allocation, funding assistance may be declined.
- FWCAC funding is a contribution toward the cost, not necessarily the whole cost.
- All travel arrangements will be made by FWCAC staff using the most cost effective arrangements for FWCAC
- Payment is made to suppliers only

DENTAL APPLICATION FORM



1. Applicant

First Name

Last Name

Date of Birth

Residential /Postal Address

Phone

Email

Are you a registered member of the Far West Coast Aboriginal Corporation (please circle)?

Yes / No – Please list your parents/grandparents (below)

Please list below any or other Native Title Groups you are associated or registered with?

2. Patient

First Name

Last Name

Date of Birth

Residential /Postal Address

Phone

What is your relationship to the patient?

Is the patient a registered member of the Far West Coast Aboriginal Corporation (please circle)?

Yes / No – Please list your parents / grandparents (below)

Please list below any or other Native Title Groups you are associated or registered with?

3. Supporting Documents

Please attach supporting documents such as quotes, letters from Dentist or Doctor to confirm dental work is required to relieve your pain.

Description of expenses	Name of supplier (who is being paid?)	Date Required	Amount required
Dental treatment costs			\$
Travel cost			\$
Accommodation cost			\$

4. Your contribution

Are you able to contribute toward this? **Yes / No** If yes, how much? \$ _____

5. Other Funding

Please list below the amount of any other funding or assistance from other organisations

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6. How will this funding assistance help?

7. Applicant's Declaration

- I acknowledge that staff from the FWCAC will make enquiries about this application
- I understand that incomplete applications will not be considered.
- I authorise FWCAC staff to make enquiries to any other agency or organisation to assist with my application for funding.

Signed

X

Date

/	/
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Please return the completed application form to:

Post: Far West Coast Aboriginal Corporation
PO Box 596
CEDUNA SA 5690

FWCAC Building at -
62 Poynton Street
CEDUNA SA 5690

Email: administration@fwcac.org.au

Phone: (08) 8625 3340