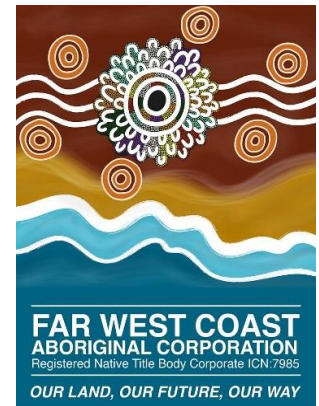


Critical & Medical Emergency Support Policy and Application form



PURPOSE

The aim of Critical & Medical Support policy is to assist the immediate family to be at the bedside of a patient. To be eligible for assistance both the patient and the applicant must meet the criteria of “Who can apply”.

WHO CAN APPLY?

- FWCAC registered member OR FWCAC members Immediate Family
- 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?

Assistance to travel to be at the bedside of immediate family members who are in a critical state or have a medical emergency. Assistance is limited to 1 visit to the patient, per person under this application.

Immediate family of the patient may wish to appoint a non-immediate family member to coordinate funds (to support immediate family only), via FWCAC staff, to family for travel and accommodation.

Part A: Medical Emergency

A medical emergency is defined as when a patient has been evacuated or requiring evacuation from their home community by Royal Flying Doctor Service

The following assistance may be provided:

- Travel and accommodation up to a maximum of 2 nights for one immediate family member to be at the bedside of the patient.
- Travel will only be assisted for the patient to return home if there is no RFDS service available, otherwise it is the responsibility of the referring hospital/medical practitioner.
- A signed PATS form and evidence of discharge is required from the treating hospital prior to assistance for return travel for the patient.
- Funding under Part A is limited to \$1,000

Part B: Critical state

A critical state is defined as when a patient is in intensive care, or a patient is receiving palliative care (as an in-patient or at home).

The following assistance may be provided:

- Travel & accommodation up to a maximum of 5 nights for immediate family members to be at the bedside of the patient (assistance is limited to 1 return trip per person to visit the patient in the critical state)
- Funding under Part B is limited to \$4,500.

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.
- Direct payment of cash and/or bank deposits to individuals.
- Reimbursement of costs already paid by or on behalf of the applicant or patient.
- Vehicle repairs, insurance & registration.
- Hire vehicles, taxis, and Uber services, vehicle mileage for travel.
- Food, alcohol, gambling or tobacco products
- Travel for members who are not defined as immediate family

MANDATORY CRITERIA

In considering and assessing applications, the Far West Coast Aboriginal Corporation requires applicants to meet the mandatory criteria listed below:

- Members must provide written evidence that the patient is in a critical state or has a medical emergency.
- Provide evidence that a medical aid for the patient is required and why it cannot be funded by existing health service providers and/or funding bodies.
- Applicants, if not the patient, must identify a family member to be the contact for all matters relating to the application.
- This application is restricted to applicants & patients residing in South Australia only.
- The treatment & medical facility must be located in South Australia.
- **An immediate family members is defined as:** A spouse or former spouse, de facto partner or former de facto partner, child, parent, grandparent, grandchild or sibling *of the patient*, or a child, parent, grandparent, grandchild or sibling of a patient's spouse or patient's de facto partner and includes cultural adoptions.

APPLICATION REQUIREMENTS

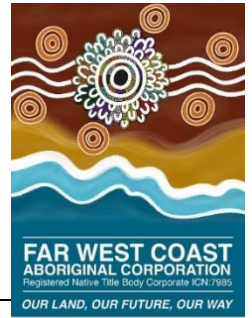
Applications for funding must:

- Be in writing and in the approved application form as provided by the Far West Coast Aboriginal Corporation.
- Nominate the type of funding assistance required.
- Be submitted to the mailbox or email address on the application form.
- Address the mandatory criteria outlined in the policy.

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.

CRITICAL ILLNESS / MEDICAL EMERGENCY APPLICATION FORM



1. Applicant

First Name	Last Name
<input type="text"/>	<input type="text"/>
Date of Birth	Residential /Postal Address
<input type="text" value="/ /"/>	<input type="text"/>
Phone	Email
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>
Date of Birth	Residential /Postal Address
<input type="text" value="/ /"/>	<input type="text"/>
Phone	<input type="text"/>
<input type="text"/>	<input type="text"/>

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. What would you like help with?

Part A: Medical Emergency

Part B: Critical State

4. Supporting Documents

Please attach supporting documents such as quotes, proof of patient being flown out or hospitalised to help the FWC assess your application.

Description of expenses	Name of supplier (who is being paid?)	Date Required	Amount required
Fuel/Flights/Bus			\$
Accommodation			\$
Name of Hospital patient is in			

5. Your contribution?

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

6. Other Funding

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

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7. How will this funding assistance help you?

8. 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 -
62 Poynton Street
CEDUNA SA 5690

Email: administration@fwcac.org.au

Phone: (08) 8625 3340