Glasses Policy and Application form



PURPOSE

The aim of Glasses assistance is to provide a contribution towards the cost of spectacles/glasses.

Note:

Where you are eligible under the Integrated Team Care Program (ITC) diabetes, cancer, respiratory disease, cardiovascular, mental health and kidney) your Aboriginal community-controlled health service and/or primary health network officer must be consulted first to see if you are eligible through that program. You will need an appointment with your Doctor to develop a care plan. If you are an existing patient under this program, the FWCAC will need evidence of their support (from your local Aboriginal Health Service) prior to submitting an application. This is to make sure the govt are paying for services they are responsible for and you, as a patient, are entitled to.

Members are encouraged to seek assistance through the Low-Cost Spectacle Scheme or the SA Spectacle Scheme.

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?

- Gap payment assistance with prescription spectacles/glasses.
- Prescription spectacles/glasses capped at \$400.
- Assistance for prescription spectacles/glasses is available once every 2 financial years

WHAT TYPES OF MATTERS WILL NOT BE FUNDED?

- An application received from a person applying on behalf of a FWCAC eligible child, and the applicant is not the primary carer of that child.
- Spectacles/Glasses assistance within 2 years of receiving previous assistance.
- Spectacles/Glasses without a prescription
- Eye consults, regular eye check-ups, annual diabetes eye checks.
- Travel and or accommodation to attend optometry or ophthalmology appointments.
- Reimbursement of costs already paid by or on behalf of the applicant.
- Direct payment of cash and/or bank deposits to individuals.
- Food, alcohol, gambling or tobacco products
- Hire vehicles, taxis, and Uber services.
- Vehicle registration, insurance, repairs and maintenance or vehicle mileage for travel

MANDATORY CRITERIA

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

- Provide a quote for glasses.
- Provide evidence you are not eligible for assistance through ITC at your local Aboriginal Health Service and or other Health Care Provider.
- This application is restricted to applicants & patients residing in South Australia only.
- The optometrist must be located in South Australia.

APPLICATION REQUIREMENTS

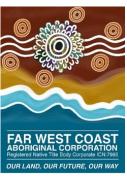
All applications for funding must:

- Be in writing and in the approved application form as provided by the Far West Coast Aboriginal Corporation.
- Nominate the amount of funding 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.

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.
- Payment is made to suppliers only.

GLASSES APPLICATION FORM



1. Applicant details

	Last Name	
Date of Birth	Residential /Postal Address	
Date of birtii	Residential / Fostal Address	
Phone	Email	
What is your relationship to the	ne child? (only complete this question when applying	ing on behalf of an eligible FWCAC U18 child)
Are you a registered member	of the Far West Coast Aboriginal Corpor	ation? Yes No
Please list your parents/grand		
No. 19 Park day and a second		
Please list below any or other	Native Title Groups you are associated	or registered with?
J18 FWCAC child's detail	s (when applicable)	
	o (mien appiicabie)	
First Name	Last Name	
First Name	Last Name	
First Name Date of Birth		
First Name	Last Name	
Date of Birth / /	Residential /Postal Address	
First Name Date of Birth	Last Name	
Date of Birth / /	Residential /Postal Address	
Date of Birth / / Phone	Residential /Postal Address Email	No. 7 Vac D
Phone Are you an eligible U18 child of	Last Name Residential /Postal Address Email of the Far West Coast Aboriginal Corpora	ation? Yes □ No □
Date of Birth / / Phone	Last Name Residential /Postal Address Email of the Far West Coast Aboriginal Corpora	ation? Yes \(\square \) No \(\square \)
Phone Are you an eligible U18 child of	Last Name Residential /Postal Address Email of the Far West Coast Aboriginal Corpora	ation? Yes □ No □
Phone Are you an eligible U18 child of Please list your parents/grands	Residential /Postal Address Email of the Far West Coast Aboriginal Corporatories below:	
Date of Birth / / Phone Are you an eligible U18 child of Please list your parents/grands	Last Name Residential /Postal Address Email of the Far West Coast Aboriginal Corpora	

2.

3. Supporting Documents

Please attach supporting documents such as quotes, letters.

Description of exp	enses	Name of supplier (who is being paid?)	Date Required	Amount required
Prescription Glasses				\$

4. Your c	ontribution		
A		□ N- □	
•	employed? Yes	_	
Do you	Receive Centrelink Benefits? Yes	□ No □	
Are you	able to contribute toward this? Yes /	No If yes, how much? \$	
5. Other	Funding		
Is the pa	atient registered through the ITC Progi	ram? Yes □	No 🗆
Please li	st below the amount of any other fun	ding or assistance from oth	er organisations
Е Ном	will this funding assistance he	ln2	
J. HOW	will this fulluling assistance ne	:iμ:	
7. Appli	cant's Declaration		
• •			
• Lackno	owledge that staff from the FWCAC wi	II make enquiries about thi	s application
	-	·	
• Tunde	rstand that incomplete applications w	ill not be considered.	
• I autho	orise FWCAC staff to make enquiries to	any other agency or orga	nisation to assist with my applicat
for fur	nding.		
Signed	X	Date	
Jigirea	^		
ase return t	he completed application form to:		
st:	Far West Coast Aboriginal Corporation	FWCAC Building at -	
	PO Box 596	62 Poynton Street	
	CEDUNA SA 5690	CEDUNA SA 5690	
ail:	administration@fwcac.org.au	Phone: (08) 8625 3340)