

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

First Name

Last Name

Date of Birth

Residential /Postal Address

Phone

Email

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?

2. Patient

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?

3. Supporting Documents

Please attach supporting documents such as quotes, letters.

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

4. Your contribution

Are you employed Yes ☐ No ☐

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 patient registered through the ITC Program? Yes ☐ No ☐

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

/ /

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