



# Accommodation Assistance Program

## 2023 Application Form

Our Accommodation Assistance Program assists CF Community Care members with CF, who live in regional Victoria or NSW, to have the support of their immediate family while attending CF-related appointments and / or hospital stays at their Melbourne, Sydney or Newcastle clinics.

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 – complete all sections below

Treating hospital:		
Name of CF Clinical Coordinator/CNC:		
<input type="checkbox"/> Yes, you have my permission to confirm my clinic / admission date with my treating hospital		
Clinic / hospital admission date:		Clinic / hospital discharge date:
Accommodation check in date:		Accommodation check out date:
Room configuration: <input type="checkbox"/> 1 queen bed <input type="checkbox"/> 2 single beds <input type="checkbox"/> Other:		
Accommodation required for:	Name:	Relationship to person with CF:
	Name:	Relationship to person with CF:
<input type="checkbox"/> Please book the accommodation		
<input type="checkbox"/> Please reimburse me - A copy of the tax invoice is attached and bank account details are below:		
Name of Bank:		Account name:
BSB:		Account number:

### Privacy and consent

I agree to the collection of the data on this form by CFCC and acknowledge that all personal information provided on this form will be placed on CFCC'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 CFCC Privacy Policy provides information on how to access your personal information held by CFCC 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 CFCC's Privacy Policy, view the policy online at [www.cfcc.org.au/page/2/privacy](http://www.cfcc.org.au/page/2/privacy)

CF Community Care welcomes feedback. You can provide feedback about our programs, services and events by visiting [www.cfcc.org.au/page/125/contact-us](http://www.cfcc.org.au/page/125/contact-us)

## How to apply

1. Complete all sections of the Accommodation Assistance Program application form
2. Send the application form to Programs and Support Services, CF Community Care at:  
Email: [support@cfcc.org.au](mailto:support@cfcc.org.au)  
Post: PO BOX 304 Burwood NSW 1805 or 282 Neerim Rd, Carnegie VIC 3163
3. We will aim to contact you about your application within five business days of receiving it.
  - Please call us on 1300 023 222 if your request is urgent.

## Terms and conditions

You must:

- Be a 2023 member of CF Community Care
- Have CF or be the primary support of a person who has CF
- Be a resident of regional NSW or Victoria
- Need the accommodation for a CF-related hospital visit or clinic

You will be required to pay at least \$45.00 per night

It is expected that you will have also accessed reimbursements through your state Government scheme – IPTAAS or VPTAS.

The support will be provided via:

- A payment made directly to the accommodation when booked by us, OR
- Reimbursement to the applicant if the accommodation has already been paid for - A copy of the tax invoice is required - **Applications for reimbursements for 2023 will close 1 December 2023 (or earlier if all grants have been distributed).**

A completed application form must be provided

## Need more information?

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

Website: [www.cfcc.org.au](http://www.cfcc.org.au)  
Email: [support@cfcc.org.au](mailto:support@cfcc.org.au)  
Phone: 1300 023 222

Office use only			
Date received:	Application successful: <input type="checkbox"/> Yes <input type="checkbox"/> No, why .....		
Approved Accommodation:	Approved room:	Cost per night:	
Amount approved:	Approved / booked by:	Date approved / booked:	Applicant notified:
Account & job code: Accommodation Assistance 6-0110-7110			