

# Accommodation Assistance Program

## 2024 Application Form

Our Accommodation Assistance Program assists CFCC members with CF, who live a significant distance from where they receive their CF care, to have the support of their immediate family while attending CF-related appointments and/or hospital stays at their CF clinic.

Please read the details on page 2 for eligibility criteria 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:
	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. For further details, view CFCC's [Privacy Policy](#).

CFCC 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 the CFCC Support Team at:  
Email: [support@cfcc.org.au](mailto:support@cfcc.org.au)  
Post: 8 Parramatta Square, 49th Floor, Parramatta, Sydney 2150 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.

### **Eligibility criteria**

You must:

- Be a 2024 member of CFCC
- Have CF or be the primary carer of a person who has CF
- Live in a regional or rural area or demonstrate the distance is significant so as to impact attendance at clinic or support during hospital admission.
- Need the accommodation for a CF-related hospital visit or clinic

You will be required to pay at least \$45.00 per night for the accommodation as it is expected that you will have also accessed reimbursements through your state Government scheme – IPTAAS or VPTAS. If you require assistance accessing these, please contact our Support Team for assistance.

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 2024 will close 1 December 2024 (or earlier if all grants have been distributed).

### **Need more information?**

If you have any questions or would like more information about the Accommodation Assistance Program or any of CFCC'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