



CF Relief Program

2024 Application Form

The CF Relief Grant is intended to be a flexible source of support and a source of financial relief for people living with CF. People living with CF (or their primary carer on their behalf) can apply for this Grant to cover CF-related costs. Expenses could include physiotherapy and medical equipment, fitness equipment and activities, pharmacy expenses, hospital parking, wellbeing activities, mental health support services, vitamins and supplements.

CFCC members can apply for grants of up to \$400 per year. Member households on medium or low income may be supported with up to \$600 and \$800 respectively.

A limited number of grants are available each month. Applications will be assessed and awarded on a priority needs-basis, with priority given to applications for medical equipment that have been referred by a person's CF team. Please ensure you include the best contact information for our team to contact you about your application.

If you have questions about your eligibility, please get in contact with support@cfcc.org.au to discuss options and how we can best support you.

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:
<input type="checkbox"/> I am a current member of CFCC	
<input type="checkbox"/> I confirm my contact details have not changed. Please contact us to update your details.	

Request details – complete all sections below

Requested Grant Amount: \$	
Please detail the need for this grant, including specifically how you intend to use the grant funds. This section will be used in the assessment of your application for funding, along with any information you have provided to a Case Manager, and any referrals from your CF team:	
<input type="checkbox"/> I confirm that I have not sought funding for these expenses from any other sources including Medicare, health insurance, other community-based services including CF organisations	
<input type="checkbox"/> I agree for a CFCC Case Manager to contact me about my grant application	
My bank account details for direct deposit / bank transfer	
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](#).

I confirm that I have not sought funding for the expenses I am requesting support for from any other sources, such as Medicare, health insurance, or other community-based services, including other CF organisations.

I agree for a CFCC Case Manager to contact me about my grant application and agree to the CFCC [Terms and Conditions](#).

CFCC welcomes feedback. You can provide feedback about our programs, services and events by visiting www.cfcc.org.au/page/125/contact-us

How to apply

1. Complete all sections of the application form
2. Send the application form to the CFCC Support Team at:
Email: support@cfcc.org.au
Post: NSW: 8 Parramatta Square, 49th Floor, Parramatta, Sydney 2150, Australia
VIC: 282 Neerim Rd, Carnegie VIC 3163
3. We will inform applicants of the outcome within 2 weeks of receiving the application. Successful applications will receive the grant payment within 12 business days of notification of a successful application.
 - 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

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
Email: support@cfcc.org.au
Phone: 1300 023 222