



# CF-Related Emergency Assistance Program 2021 Application Form

Our CF-Related Emergency Assistance Program provides CF Community Care members who have CF with emergency financial assistance for urgent CF-related needs at times of crisis, during lengthy hospital admissions or following sudden changes of health for people and families on a low income.

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:
<input type="checkbox"/> Proof of low income is attached		

## Request details – complete all sections below

Amount requested:	<input type="checkbox"/> Supermarket voucher	<input type="checkbox"/> Utility bill assistance – attached (e.g. electricity, gas, water)
Please provide information about the financial stress you are experiencing and the reason for request: ..... ..... .....		
Please provide details about other assistance you have sought elsewhere: ..... ..... .....		

## 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/about-cfcc/privacy/](http://www.cfcc.org.au/about-cfcc/privacy/)

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

## How to apply

1. Complete all sections of the CF-Related Emergency Assistance application form and attach:
  - Proof of income
  - The utilities bill, if support is via payment of utilities
2. Send it to Programs and Support Services, CF Community Care in your state:  
**NSW**  
E: [nswsupport1@cfcc.org.au](mailto:nswsupport1@cfcc.org.au)  
M: PO BOX 304 Burwood NSW 1805  
**Victoria**  
E: [support@cfcc.org.au](mailto:support@cfcc.org.au)  
M: 282 Neerim Rd, Carnegie VIC 3163
3. We will contact you about your application within two business days of receiving it
  - Please call us if you need a more urgent response

## Terms and conditions

You must:

- Be a 2021 member of CF Community Care
- Be a resident of NSW or Victoria
- Have CF or be the primary parent / carer of a child aged under 18 years who has CF
- Be on a low income - a gross (before tax) income of less than \$45,000 a year for individuals or \$70,000 a year for couples/families.

The support will be provided through supermarket vouchers or the payment of essential utility bills directly to the provider.

If the support is via payment of utilities a copy of the bill is required

A completed application form must be provided with evidence of low income status (e.g. payment summary, payslip, Disability Support Pension card)

## Need more information?

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

### NSW

W: [www.cfcc.org.au](http://www.cfcc.org.au)

E: [nswsupport1@cfcc.org.au](mailto:nswsupport1@cfcc.org.au)

P: (02) 8732 5700

M: PO BOX 304 Burwood NSW 1805

### Victoria

W: [www.cfcc.org.au](http://www.cfcc.org.au)

E: [support@cfcc.org.au](mailto:support@cfcc.org.au)

P: (03) 9686 1811

M: 282 Neerim Rd, Carnegie VIC 3163

Office use only			
Date received:	Application successful: Yes <input type="checkbox"/> No, why .....		
Amount approved:	Approved by:	Date approved:	Applicant notified:
Account & job code: Emergency Financial Assistance 6-0110-7320			