

DAMBIMANGARI ABORIGINAL CORPORATION

PO BOX 648, DERBY WA 6728

PH: 08 9115 2000

Health Assistance

POLICY: An allocation of \$2000.00 per adult Dambimangari member per financial year is available to be used for out of pocket health related expenses. Dambimangari adult parents may only access a cumulative amount of \$2000.00 for themselves and their children; no extra funds are available. This includes assistance with travel and accommodation to attend medical appointments. Please refer to the current document for full details.

I understand that payment will only be made if there are enough funds in the Health fund

1. APPLICANTS DETAILS (APPLICANT MUST BE A DAMBIMANGARI MEMBER)

Name:	
Address:	
Email:	
Phone Number:	

2. DETAILS OF ASSISTANCE REQUIRED

PATIENT NAME	NAME OF HOSPITAL	DATE OF BIRTH

3. PLEASE PROVIDE SUPPORTING DOCUMENTATION SUCH AS MEDICAL CERTIFICATES, APPOINTMENT CARDS, DOCTORS REFERRALS ETC.

SUPPORTING DOCUMENTATION	Y/N
1. Medical Certificate, Doctor's referral, Appointment letter/card	
2. PATS form/letter of confirmation	

4. ALLOCATION OF FUNDS – Please complete details

One off living allowance \$150.00	Y/N
Fuel (Max \$150)	Y/N
Flights:	Y/N
Accommodation:	Y/N
Supplier:	Y/N

5. DECLARATION

Signature of Applicant: _____ Date: _____

PLEASE RETURN BY EMAIL applications@dambi.org.au

Please complete all details to avoid delays in processing.

Application received after 2pm will be processed the following day.