

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT INFORMATION

Surname:

Given Names:

Date of Birth:

Current address:

Suburb:

State:

Post Code:

Local Government Area:

Currently Homeless

At Risk of Homelessness

Phone number:

Mobile:

Email:

Do you Identify as being of Aboriginal
or Torres strait Islander Heritage

Relationship to Veteran:

Do you have any other family members who have served?

SERVICE INFORMATION

Service Number:

Rank:

Service Type: NAVY

ARMY

AIR FORCE

OTHER

Unit / Corps / Ship:

Service Dates – From:

To:

Place of Enlistment:

Place of Discharge:
(if applicable)

Deployment Details:

VETERAN INFORMATION

Surname:

Given Names:

Current Address:

Suburb:

State:

Post Code:

Phone Number:

Mobile:

Email:

RSL sub-Branch Membership:
(please state Sub Branch Name)

Membership Number:

DVA Card:

Gold

White

Orange

COMBINED HOUSEHOLD FINANCIAL INFORMATION				
COMBINED HOUSEHOLD FORTNIGHTLY INCOME			COMBINED FORTNIGHTLY COMMITTED EXPENDITURE	
	PERSON 1	PERSON 2	RENT/ MORTGAGE	
WAGES			FOOD	
INCOME FROM SUPERANNUATION			TRANSPORT	
DVA PAYMENTS			ELECTRICITY/GAS/WATER	
CENTRELINK BENEFITS			RATES/HOUSE & CONTENTS INSURANCE	
CHILD SUPPORT RECEIVED			MEDICAL EXPENSES	
OTHER INCOME			CHILD SUPPORT PAYMENTS	
			EDUCATION	
			PERSONAL SPENDING	
			TOTAL CREDIT CARD/S REPAYMENTS	
TOTAL PERSON 1			TOTAL PERSONAL LOAN REPAYMENTS	
TOTAL PERSON 2			ANY OTHER DEBTS/LOANS REPAYMENTS	
TOTAL COMBINED			TOTAL	
COMBINED HOUSEHOLD FINANCIAL INFORMATION				
COMBINED VALUE OF ASSETS			COMBINED LIABILITIES	
HOME (VALUE)			MORTGAGE TOTAL OUTSTANDING DEBT	
CONTENTS (VALUE)			CREDIT CARD/S TOTAL OUTSTANDING DEBT	
MOTOR VEHICLE/S			PERSONAL LOAN/S TOTAL OUTSTANDING DEBT	
BANK ACCOUNTS			INVESTMENT LOAN/S TOTAL OUTSTANDING DEBT	
INVESTMENT PROPERTY/IES			OTHER TOTAL OUTSTANDING DEBTS	
SHARES (VALUE)				
MANAGED FUNDS				
OTHER INVESTMENTS				
TOTAL			TOTAL	

DETAILS OF OUTSTANDING DEBTS AS SHOWN IN COMMITTED EXPENDITURE			
TYPE OF DEBT (credit cards, personal loans, other loans, leases, mortgage etc.)	BALANCE OUTSTANDING	MINIMUM MONTHLY REPAYMENT	Are the payments up to date?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PLEASE INCLUDE ADDRESSES OF ANY INVESTMENT PROPERTIES AND
ANY OTHER RELEVANT INFORMATION REGARDING DEBTS

IN ORDER TO OBTAIN ASSISTANCE FROM

RSL DEFENCE CARE

**YOU WILL NEED TO PROVIDE A STATEMENT FROM DVA CONFIRMING ANY
PAYMENTS YOU HAVE OR ARE RECEIVING
(A NIL STATEMENT IS REQUIRED IF NOT IN RECEIPT OF PAYMENTS)
TO OBTAIN THIS CALL 133 254 / 1800 555 254 AND ASK FOR
A STATEMENT OF EARNINGS**

STATEMENT BY VETERAN / APPLICANT REGARDING CURRENT SITUATION AND WHY ASSISTANCE IS BEING REQUESTED

**PLEASE ATTACH INVOICES / BILL / QUOTES OF ANY ASSISTANCE BEING REQUESTED
(PLEASE INCLUDE THE BANKING DETAILS FOR OUR ACCOUNTS DEPARTMENT)**

Total amount of financial assistance requested:

DECLARATION BY VETERAN / APPLICANT

I, (Full name)

of (address)

**declare that the statements made in this application are to the best of
my knowledge and belief, true in every detail.**

Initials:

Date:

REPORT & RECOMMENDATION
BY SUB BRANCH / DVA / DCO / UNIT / CASE MANAGER

DETAILS

Name:

Position:

Organisation:

Initials:

Date:

General Consent to Exchange Information & Authority to Act on Client's Behalf

By completing this form, a client of RSL DefenceCare will enable RSL DefenceCare to liaise with nominated organisations and to act on their behalf in relation to a claim or potential claim to the extent of the authority given in this form. If you choose not to complete this form, RSL DefenceCare can provide you with advice, but cannot act on your behalf. This form is to be completed by persons (clients) seeking services from The Trustee for RSL Welfare and Benevolent Institution ABN: 61 603 206 488, (RSL DefenceCare).

For information or assistance with this form, please contact RSL DefenceCare on (02) 8088 0388.

Client Consent to exchange personal information

RSL DefenceCare may be required to exchange information with the following agencies; however this does not give RSL DefenceCare authority to act on your behalf with these agencies. By signing this form, you give RSL DefenceCare the authority to exchange information with the agencies listed below:

- ☐ Department of Veterans Affairs
- ☐ Veterans Review Board
- ☐ Department of Defence
- ☐ Centrelink
- ☐ Australian Taxation Office
- ☐ Child Support Agency
- ☐ Medicare Australia
- ☐ ComSuper or other Superannuation Provider
- ☐ Any Commonwealth, State or Territory workers' compensation authority
- ☐ Doctors, Hospitals and other health care professionals who have provided you with treatment
- ☐ Your current and or previous employer(s)
- ☐ Financial Counsellor

Authority to Act on a Client's behalf

To provide you with services, RSL DefenceCare needs to be able to act on your behalf with a number of agencies. We ask you to nominate these agencies on Page 7 of this form. By doing so and signing this form, you authorise RSL DefenceCare to act on your behalf when dealing with the nominated third parties/agencies you have listed on all matters including but not limited to:

- ☐ enquiring on your behalf,
- ☐ acting and making changes on your behalf,
- ☐ receiving copies of correspondence, and
- ☐ attending appointments with you or on your behalf.

Authorising RSL DefenceCare to act on your behalf does not take away your right to contact the nominated third party/agency.

General Information about Privacy

To provide you with a professional level of service, RSL DefenceCare needs to collect personal information about you. At all times you have a right to have that personal information kept private and request a copy of all personal information recorded by RSL DefenceCare. RSL DefenceCare is bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

Your right to Privacy

Under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*, your personal information must be stored securely. On request, you must be told why the information is being collected, how it will be used and whether it will be given to or exchanged with another party so that service/s can be provided to you. If you believe that your privacy has been infringed you can make a complaint to RSL DefenceCare or the Privacy Commissioner at any time.

Definitions

- **Client**; any person, persons or agencies recorded on this form in the section headed "The Client".
- **RSL DefenceCare**; any person or entity acting under the employment, subcontract or other authority of The Trustee for RSL Welfare and Benevolent Institution, ABN: 61 603 206 488.
- **Nominated third party/agency**; any person or agency recorded on this form in the section headed "Nominated Third Parties/Agencies".
- **Exchange**; means to request, collect, record, distribute or otherwise engage in the use of.
- **Service/s**; has the meaning as defined in the letter of engagement and/or the client service charter available on request from RSL DefenceCare.

General Consent to Exchange Information & Authority to Act on Client's Behalf

NOTE: Your consent is not needed for the use, disclosure or exchange of personal information if required or authorised by law in some instances including but not limited to child protection, urgent health and lawful investigation situations.

The Client

Full Name:

Address:

State:

P/Code:

Phone:

Mobile:

Email:

DOB: / /

Nominated Third Parties/Agencies

This section gives RSL DefenceCare the authority to act on your behalf with the agencies or individuals such as carers/partners that you nominate here.

Name or Description: Department of Veterans Affairs

Name or Description: Veterans Review Board

Name or Description: FACS

Name or Description: Financial Counsellor

(Organisation Name)

(Name of Financial Counsellor)

(Contact details)

Name or Description:

Authorisation

I,

(Full Name)

of,

(Address)

authorise RSL DefenceCare to collect, exchange and keep record of, my personal information as is required by RSL DefenceCare.

Further, I authorise RSL DefenceCare to act on my behalf in any dealings with the Third Parties/Agencies I have nominated above, and to receive copies of all correspondence from the same.

I give this consent according to the provisions of this document and acknowledge that this authority will remain in force until I provide RSL DefenceCare with written confirmation of my withdrawal of consent. I understand that it is my responsibility to inform RSL DefenceCare if any of the details that I have provided in this form change.

Initials

Date

Returning This Form Check that you have completed all the sections on this form and that you have signed and dated the form where required. Please return the original copy of this form to RSL DefenceCare at Level 5, ANZAC House, 245 Castlereagh Street, Sydney NSW 2000 Australia.

Application Checklist

Please review your form and confirm that you have provided all of the required information by marking this checklist:

Application form completed including financials of all household income earners (Wages, DVA, Centrelink etc.)

General Consent form signed and any third party included

If you are the Veteran, a statement from DVA confirming any payments you have or are receiving – **a nil statement is required if not in receipt of payments** – to obtain this call 133254 / 1800 555 254 and ask for a Statement of Earnings

Invoices in their entirety for payment including the payment details

Blurb explaining your current situation

List of any other organisations where assistance has been requested/received

***All boxes must be ticked before the form can be submitted.**