



EMERGENCY & OTHER POTENTIAL SUPPORT POLICY GUIDELINES

AIM OF PROGRAM	Funds specifically for providing emergency assistance to, or for, individual Community members. This assistance will only be available to members who are experiencing immediate, life-threatening circumstances. The Other potential support program is to assist members; each application will be assessed on a case-by-case basis. The applications will be at the discretion of the YCCL board of directors.
ELIGIBILITY	YAC/YNAC Registered members and their biological children
WHAT IS COVERED?	<ul style="list-style-type: none">• Ambulance costs• Emergency medical – Travel and accommodation associated with medical emergency.• Members requesting urgent support services.• Getting to hospital urgently up to 2 support people in life threatening circumstances, consideration of non-members if immediate family of a registered member listed as support person/escort.• Other not covered items are discretionary for the YCCL board of directors.
WHAT IS NOT COVERED?	<ul style="list-style-type: none">• Car repairs registration or impound fees include hiring cars for travel.• Utility bills (power, water)• Fines, legal services• Items that other organisations, government agencies cover through their programs.• NO reimbursements or pooling of funds• No food/fuel Vouchers unless for a medical emergency
SUPPORTING DOCUMENTS	<ul style="list-style-type: none">• Supporting documents may be required, if necessary, for example supporting medical letters/appointments, social workers supporting documents.• Birth certificates or legal guardianship for child beneficiaries.



EMERGENCY & OTHER POTENTIAL SUPPORT APPLICATION

One application per member – Applications can take up to 5 days for processing

FULL NAME

ADDRESS

PHONE

EMAIL

WHAT TYPE OF ASSISTANCE ARE YOU APPLYING FOR?

- Travel assistance Accommodation Food voucher Fuel Medical-related costs
 Other: _____ VASCO

TOTAL AMOUNT REQUESTED (IF KNOWN) \$

IF APPLYING FOR A CHILD

NAME:

DATE OF BIRTH

EMERGENCY SUPPORT DETAILS – Provide below

ATTACH TRAVEL DETAILS (IF APPLICABLE)

Depart/Return details

DECLARATION

EMAIL YOUR COMPLETED APPLICATION TO: members@yindjibarndi.org.au

Please read and ensure that you have provided all relevant information application may be declined if information is missing and we are unable to contact you. I declare that the information provided is true and correct. I understand that:

- Additional documentation may be required.
- Agree for details to be shared and communicated with any interested parties relating to application.
- Any additional costs will be the responsibility of the applicant; and
- The Trust is not responsible for any loss, damage, or personal injury connected to funding all or part of this request.

SIGNATURE:

DATE:

OFFICE USE ONLY (YCCL STAFF)

DECISION	APPROVED:	DECLINED:
DIRECTOR SIGNATURE		DATE
DIRECTOR SIGNATURE		DATE
TO BE COMPLETED	<input type="checkbox"/> SENT TO ACCOUNTS	<input type="checkbox"/> CTMS UPLOAD <input type="checkbox"/> TO BE FILED