



FUNERL EXPENSES SUPPORT POLICY GUIDELINES

AIM OF PROGRAM	Supporting Yindjibarndi families who have lost a family member. To alleviate the financial burden of associated costs for funerals. The funeral assistance program is for direct costs to funeral director and other costs associated with funeral service. Family of a member may receive up to \$12,000 capped towards the funeral costs including other costs, subject to the availability of funds.
ELIGIBILITY	<ul style="list-style-type: none">• YAC/YNAC Registered members and their biological children.• Deceased would have been a registered member of Yindjibarndi Aboriginal Corporation.• ONE family member applies (who doesn't need to be a YAC member)
WHAT IS COVERED?	<ul style="list-style-type: none">• Funeral director's expenses• Other funeral service invoice for flowers, catering, eulogy printing hire and share/chairs.
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
SUPPORTING DOCUMENTS	<ul style="list-style-type: none">• Invoice/quote• Support will be considered regarding a non-member funeral service and who would be an immediate family of registered members to the amount of \$1000 paid direct to supplier.• Supporting documents will be requested at discretion of YCCL board.



FUNERAL TRAVEL 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?

Funeral director costs

Supplier:

Other:

TOTAL AMOUNT REQUESTED (IF KNOWN) \$

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