



## FUNERL TRAVEL SUPPORT POLICY GUIDELINES

<b>AIM OF PROGRAM</b>	For registered members who want to attend funerals, the Trust aims to ensure that attending funerals for members is addressed. Funeral travel assistance will be provided by 4x \$250 per member per financial year. Ensure your application is received 1 week before funeral travel.
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"><li>• YAC/YNAC Registered members and their biological children.</li><li>• Funeral will be 100kms from members home address as listed within the YCCCL database.</li></ul>
<b>WHAT IS COVERED?</b>	Contribution towards funeral travel of \$250 <ul style="list-style-type: none"><li>• Food and fuel or,</li><li>• Travel, or</li><li>• Accommodation</li></ul>
<b>WHAT IS NOT COVERED?</b>	<ul style="list-style-type: none"><li>• Car repairs registration or impound fees include hiring cars for travel.</li><li>• Utility bills (power, water)</li><li>• Fines, legal services</li><li>• Items that other organisations government agencies cover through their programs.</li><li>• NO reimbursements or pooling of funds</li></ul>
<b>SUPPORTING DOCUMENTS</b>	<ul style="list-style-type: none"><li>• Funeral notice</li><li>• Invoice/quote</li></ul>

Consideration will be given to applicant's family relationship to deceased to determine if eligible for use of their total amount of funding for funeral travel ensuring member understands that their funds will then have been exhausted.



**FUNERAL TRAVEL SUPPORT APPLICATION**

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

FULL NAME

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ADDRESS

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PHONE

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EMAIL

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**WHAT TYPE OF ASSISTANCE ARE YOU APPLYING FOR?**

Travel assistance  Accommodation  Food voucher  Fuel

Other:  VASCO

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TOTAL AMOUNT REQUESTED (IF KNOWN) \$

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**ATTACH TRAVEL DETAILS (IF APPLICABLE)**

Depart/Return details

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**DECLARATION**

**EMAIL YOUR COMPLETED APPLICATION TO: [members@yindjibarndi.org.au](mailto: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:

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DATE:

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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