



MEDICAL SUPPORT POLICY GUIDELINES

AIM OF PROGRAM The need to support Yindjibarndi families who have specialist appointments and or medical care/treatment, alleviating the costs of medical support.

ELIGIBILITY

- YAC/YNAC Registered members and their biological children

WHAT IS COVERED?

Medical appointments	Costs against GAP fee costs for specialist appointments Up to \$3500 per FY period
Dental <ul style="list-style-type: none">• For urgent dental care Member will have an initial consult and a dental plan.	\$2000 Per FY period
Optical - Prescription Glasses	\$1200 per FY period

WHAT IS NOT COVERED?

- 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

Appointment letter or supporting letter from treating specialist.
PATS application for GAP fee costs associated with accommodation.



MEDICAL 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?

Accommodation Food/Fuel Travel Dental Optical Medical supports

Supplier:

Other:

TOTAL AMOUNT REQUESTED (IF KNOWN) \$

IF APPLYING FOR A CHILD

NAME:

DATE OF BIRTH

NAME:

DATE OF BIRTH

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