



## KOKATHA CHARITABLE TRUST

### HEALTH APPLICATION INFORMATION

**All Kokatha people are eligible to make an application for assistance with health-related expenses as detailed on this page.**

The aim of this program is to provide support for Kokatha individuals and their Kokatha children needing assistance with expenses to improve and/or manage their health.

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#### CRITERIA

The Kokatha Charitable Trust Trustees have made \$100,000 available for distribution during this financial year (July 2019- June 2020).

The limits are \$2,000 per person per year, this includes children. You can apply more than once per year until your limit is reached.

**Medical treatments recommended by a Medical Practitioner this may include:**

- Dental
- Hearing Aids
- Chiropractic
- Speech Therapy
- Preventative health measures for disease prevention, such as vaccinations, quit smoking programs, weight loss programs, fitness programs etc.
- Optical
- Podiatry
- Physiotherapy
- Counselling

***Note: Health insurance premiums cannot be funded.***

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**Useful hints:**

- **All applications must include a letter from a Medical Practitioner**
- **Quotes for treatments or supplies must be included**
- **If you are applying on behalf of a child, a child in your care, or an Elder, please provide Medicare Card, Pension Card, or a Centrelink Letter.**

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**PROCESS**

Once you have submitted your application KAC staff will process and inform you within 3 weeks of the date the application is received. All approved payments will be processed within the 3 weeks.

**If you need any further help with your application, please contact us on the Kokatha Charitable Trust line (08) 7078 8512 or (08) 86 422 068**

Comments or Complaints regarding any perceived breach of this process can be lodged at

<https://kokatha.com.au/wp-content/uploads/2019/11/Comments-Complaints-Form.pdf>

These forms are also available in the Port Augusta Office and staff can assist you to complete them over the phone. Any forms submitted will be forwarded to the Trustees for a written response within 20 days.



# KOKATHA CHARITABLE TRUST

## Health Application Form

<b>Your Full Name:</b>		<b>Date of Birth</b>	
		/ /	
<b>Your Address- the letter of outcome will be sent here</b>			
<b>Postal address (if different from above)</b>			
<b>Your E-mail address</b>		<b>Your Phone number</b>	
<b>Apical :</b>			
<b>Are you a Member:</b>		<input type="checkbox"/> (tick box if you are a member)	
<b>Are you a Common Law Holder: (Kokatha Person)</b> <input type="checkbox"/>			
<b>Please provide us with more family details to assist staff:</b>			
<b>Financial</b>		<b>Amount Requested</b>	
<b>How much are you applying for?</b>		\$	
1. <i>Quotes / Invoices attached</i>			
2. <i>Letter from Medical Practitioner attached</i>			
<b>Payments of approved applications</b>			
<i>Upon the approval of your application payment of funds will be made direct to the provider/supplier.</i>			
<b>Signature of Applicant</b>		<b>Date</b>	
		/ /	

***Please send your application together with any invoices/quotes and medical letters or documents to:***

**Kokatha Charitable Trust**

**PO Box 3030**

**Port Augusta West SA 5700 Or email to [trust@kokatha.com.au](mailto:trust@kokatha.com.au)**