



## 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 funds available for distribution during this financial year (July 2023- June 2024).

The limits are \$1000 per adult per year, children under 18 must apply using the parent/caregivers' allocated funds. You can apply more than once per year until your limit is reached.

### **What you can get assistance for:**

#### **Medical treatments that are recommended by a Doctor or Medical Practitioner:**

- Dental
- Hearing Aids
- Chiropractic
- Speech Therapy
- Palliative Care (**IMMEDIATE FAMILY ONLY**)
- Optical
- Podiatry
- Counselling Services
- Skip Bins
- Physiotherapy
- Assistance for accommodation to attend specialist appointments (**APPLICANT OR CAREGIVER ONLY**)
- Preventative health measures for disease prevention such as vaccinations, quit smoking programs, weight loss programs, fitness programs etc. Including equipment recommended by a doctor for medical reasons (**RECOMMENDATION MUST INDICATE THE NEED FOR ITEM**).

### **What is not covered:**

- Health Insurance Premiums
- Furniture
- Reimbursements
- **Food and Fuel vouchers temporarily unavailable**

### **Important information:**

- All applications must include a letter from a Doctor/Medical Practitioner
- Quotes for treatments, equipment or services must be included.
- **Applications requiring accommodation MUST be submitted 7 days prior to the appointment to ensure accommodation is available.**

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### **PROCESS**

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



## KOKATHA CHARITABLE TRUST HEALTH APPLICATION FORM

<b>Your name:</b>			<b>Date of Birth</b>		
			/ /		
<b>Are you applying for yourself or on behalf of a child under 18? (Please tick)</b>					
<b>Myself:</b>	<input type="checkbox"/>	<b>Child:</b>	<input type="checkbox"/>	<b>Childs Name:</b>	
<b>Your address</b>					
<b>Postal address (if different from above)</b>					
<b>Your E-mail address</b>			<b>Your Phone number</b>		
<b>Are you a member? (Tick if you are a Registered Member)</b>			<b>Apical:</b>		
<b>Are you a Common Law Holder? (Kokatha Person)</b>			<b>(Tick box if you are not a member)</b>		
<b>If you are not a registered member, 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? <i>Maximum of \$1000.00 per financial year</i></b>			<b>\$</b>		
<b>What are you applying for?</b>					
<b>Signature of Applicant:</b>			<b>Date:</b>		
			/ /		

**Please send your application, including invoices/quotes and supporting documents to:**

**Post: PO BOX 3030, Port Augusta West, SA, 5700**

**E-Mail: [trust@kokatharntbc.com.au](mailto:trust@kokatharntbc.com.au)**

If you would like assistance with your application please call us on **(08) 8642-2068**