



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.

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 registered member 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:

- Eligible items and their requirements can be found on page 2.

What is not covered:

- Health Insurance. Furniture. Reimbursements.

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.**

PROCESS

Once you have submitted your application KAC staff will process and inform you of the outcome within **2 weeks** of the date the application is received. **All approved payments will be processed within 2 weeks.**

ELIGIBLE ITEM	REQUIRED DOCUMENTS IN ADDITION TO APPLICATION
Dental	Invoice or Treatment plan <ul style="list-style-type: none"> - Travel assistance will NOT be accepted (exception to specialist)
Optical (Glasses)	Invoice or Quote
Hearing Aids	Invoice or Quote
Podiatry	Invoice or Quote
Chiropractic	Invoice or Quote
Physiotherapy	Invoice or Quote
Speech Therapy	Invoice or Quote
Counselling/Psychology	Invoice or Quote
Palliative Care	Invoice for any costs OR Supporting letter from hospital. <ul style="list-style-type: none"> - Immediate family that DOES NOT live in the same town may apply for Accommodation and Food/Fuel assistance.
Skip Bin	Medical Support Letter and Quote
Specialist Appointments	Appointment letter (Not SMS) <ul style="list-style-type: none"> - Travel assistance will only be considered if there are no specialist clinics (or visiting specialists) available in your local area or the nearest town/city which is to be confirmed by your medical practitioner. - IMPORTANT: Applications that require travel assistance MUST be submitted 7 days PRIOR to the appointment date.
Gym Memberships	Invoice or Quote and Medical support letter
Furniture (MEDICAL ONLY)	Medical support letter and Invoice or Quote
Quit Smoking programs	Medical support letter and Quote for items
Sleep Apnoea (CPAP)	Medical Support letter and Quote for items
Radiology and Pathology	Referral required. <ul style="list-style-type: none"> - We will call to pay for the treatment on the day or at request of the provider. - No travel assistance will be provided unless we can confirm that the procedure cannot be performed locally.
Maternity Support	Medical Support letter with admittance date <ul style="list-style-type: none"> - Travel and/or Accommodation assistance to be considered where you are required to be away from home (evidence provided)



KOKATHA CHARITABLE TRUST HEALTH APPLICATION FORM

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

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

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