



## INDIVIDUALS

### APPLICATION GUIDELINES

#### INTRODUCTION

This document sets out the guidelines regarding individuals applications for assistance from WA Charity Direct and the assessment and decision making processes that are used. It includes a copy of the **application form** (Appendix 2) that must be used for all applications.

#### WHO CAN REQUEST ASSISTANCE FROM WA CHARITY DIRECT?

WA Charity Direct has been approved by the Australian Taxation Office (ATO) as a public fund for the relief of persons in necessitous circumstances but assistance may be provided to any person / family in need without the financial capacity to help themselves. Further information about the meaning of “**necessitous circumstances**” and examples can be found in Appendix 1.

WA Charity Directs charter only provides for claims for parties who are **permanent residents of Western Australia**.

Preference is given to dealing direct with the potential beneficiary (or parents in the case of children) rather than an agent.

#### WHAT TYPES OF ASSISTANCE ARE AVAILABLE?

The types of assistance that WA Charity Direct may offer include assistance with the immediate needs of any eligible recipient. It could also cover emergency financial assistance in the case of an unexpected crisis.

All requests for assistance will be considered and assessed according to the information provided by the applicant and other relevant information available.

**Assistance is usually always given in the form of goods (i.e. wheelchairs etc.) or services (i.e. payment of medical bills etc.) rather than cash**, depending on the circumstances.

Examples of the type of assistance WA Charity Direct has provided to others can be viewed on the WA Charity Direct website.

#### MOTOR VEHICLE APPLICATIONS

WA Charity Direct **only** provides assistance to fund motor vehicles, including wheelchair accessible vehicles, in **very exceptional cases** and only to necessitous persons.

**Exceptional cases** usually mean that there is a **high need** for the vehicle for **regular and ongoing** medical and/or treatment purposes. If successful, vehicles funded are normally reliable second hand vehicles. Amounts funded are also limited and capped.

Proof of insurance of the vehicle will also be required before any funds are released.

Applicants for motor vehicle funding assistance **must complete the motor vehicle additional information form** included in the application form.

**Wheelchair accessible vehicles** are available from the **Motor Industry Foundations “Wheels For Hope”** programme to eligible applicants.

#### HOW MUCH CAN I CLAIM?

There is currently no fixed amount that you can apply for, although amounts funded for vehicles is limited and capped. As a guide, examples of the type of goods and services WA Charity Direct has provided others can be viewed on the WA Charity Direct website.



## HOW ARE CLAIMS FOR ASSISTANCE MADE?

Claims may be made by completing the WA Charity Direct application form (Appendix 2) and sending it by e-mail or mail to WA Charity Direct (contact details on page 3).

Once received, an application may be accepted, deferred (pending receipt of additional information), or rejected.

Reasons are **not** given for unsuccessful applications.

## HOW ARE CLAIMS ASSESSED?

Each claim will be considered on its merits.

Factors taken into account include the circumstances that have created the necessity, the financial need of the applicant and/or their family, the nature of the emergency and the length of time that assistance will be needed. Additionally, other avenues of help and support available or actively being sought, (for example, other welfare and charity organisations) will be taken into account.

## WHAT INFORMATION IS REQUIRED?

As the trustees' duties are quite onerous in respect to establishing necessitous circumstances and the bona fides of each application, supporting documentation verifying the applicant's income, assets, and liabilities and the circumstances leading to and supporting the claim are essential to the process.

Application forms must be completed **in full** and **supporting documentation** provided wherever possible. Additional information such as letters from welfare authorities, medical reports etc. should also be provided if relevant to the claim. All information will be treated confidentially.

Additionally, **independent quotes** and/or **independent documentation verifying the amount being claimed** **must** be included with every application.

This information is required by WA Charity Direct to ensure that it meets its statutory obligations and that all claims are given equal consideration.

If you feel uncomfortable in providing your financial information, supporting documentation and evidence of your position to support your claim you may wish to reconsider requesting assistance of WA Charity Direct.

**In almost all cases applicants and their referees will be contacted by telephone** by one of the trustees to obtain further information or more detail on the information provided in the application form.

**Please be prepared to answer questions of this nature when one of our trustees calls.**

Any inconsistencies in the verification of the particulars set out on the application form and the further independent checks done by our trustees usually lead to an unsuccessful claim.

## HOW LONG DOES IT TAKE TO PROCESS MY CLAIM?

All applications will be acknowledged on receipt.

**Applications are processed as quickly as possible but will be delayed or set aside if the application form is not completed in full or all of the supporting documentation is not included.**

Once determined, applicants are immediately advised of the outcome of their claim once a decision is made.

Reasons are **not** given for unsuccessful applicants.



## **WHAT HAPPENS IF MY APPLICATION IS SUCESSFUL?**

If your claim is successful you will be contacted by WA Charity Directs administrator to arrange receipt of the benefit and to organise promotional photos / material as outlined below.

## **PROMOTIONAL / INFORMATION SHARING**

Part of WA Charity Directs charter is to continually advise its members of the outcome of successful applications and to promote the organisation to the community at large to increase the charity's profile.

**This assists us to raise our profile to raise funds to help others.**

For successful applicants WA Charity Direct may require photos, letters of appreciation or to use your case / name for promotional purposes and / or for distribution to our members. Details of your case and the beneficiaries name may also be displayed on our website as a record of the people we have assisted.

## **HOW CAN CHARITY DIRECT BE CONTACTED?**

WA Charity Directs Office is located in Perth, Western Australia.  
Contact details are:

**Postal Address:** PO Box 389  
Osborne Park WA 6917

**Fax:** +61 (08) 9201 8355

**E-mail:** [info@wacharitydirect.com.au](mailto:info@wacharitydirect.com.au)



## Appendix 1 DEFINITION OF NECESSITOUS CIRCUMSTANCES

### Necessitous circumstances

WA Charity Direct has been approved by the Australian Taxation Office (ATO) as a public fund for the relief of persons in necessitous circumstances.

The following information, which is taken from the ATO publication Gift pack for deductible gift recipients and donors, underpins the assessment process. Further information about the ATO's requirements can be obtained from the ATO website ([www.ato.gov.au](http://www.ato.gov.au))

### Defining “necessitous circumstances fund”

.. “Necessitous circumstances” means financial necessity not needs generally.  
The needs of the sick, incapacitated, aged, etc. will not on their own constitute necessitous circumstances.

.. Necessitous circumstance involves some degree of poverty – where a person's financial resources are insufficient to obtain all that is necessary for modest standard of living in the Australian community.

.. A strong indicator of necessitous circumstances would be eligibility to receive income tested government benefits. Other indicators are health needs (sickness or disability) or family responsibilities.

.. “Necessitous circumstances” is a relative term having regard to a person's particular circumstances. It has no fixed quantitative measure but assumes financial hardship.

In summary, a person is in necessitous circumstances where his or her financial resources are insufficient to obtain all that is necessary, not only for a bare existence, but for modest standard of living in the Australian community. A strong indicator of this would be where a person's level of income is such that they are eligible to receive income tested government benefits. However, this is not a conclusive factor and there may be other circumstances which need to be considered. For example, a person whose income level exceeds the welfare limit but who could demonstrate special or unusual circumstances which resulted in a marked lowering in their standard of living causing hardship, could still be considered to be in necessitous circumstances. The assets, liabilities, family responsibilities, health expensed, etc., of particular persons may cause them to be needy.

Some examples of necessitous circumstances based on ATO cases are listed below.

#### Example:

While on holidays interstate, Jennifer was seriously injured in a car accident. She is suffering from loneliness and is facing a lengthy stay in hospital before she can return home. A local service club wishes to raise funds to fly Jennifer's mother to comfort her daughter.

**Jennifer's needs are not financial in nature. The fund is not a necessitous circumstances fund.**

#### Example:

Geoff is 17 years old and was permanently incapacitated while playing football. He will require 24-hour care for the rest of his life. He was not insured and his parents cannot meet the costs. The local community wishes to set up an appeal fund for Geoff. The money raised will be used to pay for necessary modifications to his parents' home and for the services of a carer.

**The fund will be a necessitous circumstances fund.**

#### Example:

During recent floods, three volunteer workers were killed while carrying out a rescue. None of the three volunteers had any financial dependants.

**A fund to give money to the volunteers' families would not be a necessitous circumstances fund.**



**INDIVIDUALS APPLICATION FORM**

**All** sections of the form must be completed **in full**.

**Incomplete forms will not be considered for assistance**, but referred back to the applicant for completion. All information in this form will be treated as **confidential**.

**APPLICANTS DETAILS** (Person filling out this form)

First name	Surname	/ / Date of Birth
------------	---------	----------------------

**Contact numbers:**

Email	Mobile	Work or Home
-------	--------	--------------

**BENEFICIARIES DETAILS:** (Person who will receive the benefit)

First name	Surname	/ / Date of Birth
------------	---------	----------------------

**BENEFICIARIES HOME ADDRESS:**

---

**Owner Occupied, or Renting** (Circle one)

Is the beneficiary a **permanent** resident of Western Australia? \_\_\_\_\_

**ALL OTHER FAMILY MEMBERS DETAILS**

(Please include the **Mother and Father** of a child beneficiary **even if relationship is now estranged**)

	Name	Date of Birth	Relationship Status
<b>Mother</b>	_____	_ \ / \ / /	_____ / _____
<b>Father</b>	_____	_ \ / \ /	_____
<b>Partner /Defacto</b>	_____	_ \ / \ /	_____
<b>Children</b>	(1) _____	_ \ / \ /	(2) _____ _ \ / \ /
	(3) _____	_ \ / \ /	(4) _____ _ \ / \ /

**Do any of the above have a disability or any other medical conditions?**

---



---



---



WA charity direct  
giving 100% to charity

**BENEFICIARIES RELATIONSHIP WITH YOU:** (If for another individual)

---

**HOW DID YOU HEAR ABOUT WA CHARITY DIRECT?:**

---

**CIRCUMSTANCES LEADING TO THE CLAIM:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**IS THE CONDITION TERMINAL?** \_\_\_\_\_

---

---



WA charity direct  
giving 100% to charity

**ITEM OR ASSISTANCE REQUESTED -** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COST OF ITEM OR AMOUNT REQUESTED - \$** \_\_\_\_\_

**NOTE- Please attach independent quotes or independent documentation** verifying the amount being claimed.

**HOW WILL THIS ITEM OR ASSISTANCE BENEFIT THEM / YOU?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANY OTHER INFORMATION THE APPLICANT WISHES TO BE CONSIDERED?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DETAILS OF ALL OTHER SUPPORT APPLICATIONS OR PAYMENTS**

**FOR THOSE WITH DISABILITIES**

Applications for anything covered by Disability Services Commission (DSC) should be made before applying to WA Charity Direct.

DSC provides funds for **equipment, wheelchairs, home modifications, vehicle wheelchair lifting equipment, vehicle modifications**, etc. via the following organisations.

Applications can be arranged via your Local Area Coordinator (LAC)

The **outcome of all applications** should be **included below**.

If the program is not applicable the reasons why should be included below.

PROGRAMME	APPLIED FOR		OUTCOME / DETAILS
	YES	NO	
COMMUNITY AIDS AND EQUIPMENT PROGRAMME (CAEP)	<input type="checkbox"/>	<input type="checkbox"/>	_____
INDEPENDENT LIVING CENTRE (ILC) Equipment For Living Grant (ECG)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability Equipment Grant (DEG)	<input type="checkbox"/>	<input type="checkbox"/>	_____

**FOR ALL APPLICANTS**

**DETAILS OF ALL OTHER SUPPORT OR ASSISTANCE BEING SOUGHT FROM ALL OTHER SOURCES**

From	Amount	Details
_____		
_____		
_____		

**DETAILS OF ALL OTHER PAYMENTS, GRANTS, SETTLEMENTS OR DONATIONS ALREADY RECEIVED**

From	Amount	Details
_____		
_____		
_____		



**INCOME AND EXPENSES STATEMENT**

Of the **Applicant (App)** and of the **Applicants Partner (Ptnr)**.

In the case of a **child** please provide details of the **Mother (Mthr)** and **Father (Fthr)** even if estranged.

<b>PERSON</b> (Please tick box)				<b>DESCRIPTION</b>	<b>GROSS</b> Per Annum	<b>NETT</b> Per Annum      Per Week	
<b>INCOME</b>							
<b>Employment</b>							
App	Ptnr	Fthr	Mthr		\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
				(Occupation)	\$	\$	\$
App	Ptnr	Fthr	Mthr	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				(Occupation)	\$	\$	\$
App	Ptnr	Fthr	Mthr	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				(Occupation)	\$	\$	\$
<b>Government Benefits/Assistance</b>							
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>All Other Income (inc. Child support)</b>							
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>TOTAL OF ALL INCOME</b>					<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>EXPENSES</b>							
<b>Car Repayments</b>							
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
App	Ptnr	Fthr	Mthr	_____	\$	\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Loan Repayments (incl. credit card)</b>							
_____				\$	\$	\$	
_____				\$	\$	\$	
_____				\$	\$	\$	
<b>All Other Ongoing Expenses</b>							
<b>Rent</b>					\$	\$	\$
_____				\$	\$	\$	
_____				\$	\$	\$	
_____				\$	\$	\$	
_____				\$	\$	\$	
_____				\$	\$	\$	
<b>TOTAL OF ALL EXPENSES</b>					<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>NETT POSITION (Income less Expenses)</b>					<b>\$</b>	<b>\$</b>	<b>\$</b>

## ASSETS AND LIABILITIES STATEMENT

Of the **applicant** and of the **applicant's partner**.  
 In the case of a **child** please provide details of **both** parents.

<u>ASSETS</u>	<u>Estimated Value</u>	<u>LIABILITIES</u>	<u>Amount</u>	<u>NETT AMOUNT</u> (Asset value less loan amount)
<b>CASH AT BANK</b>	\$	<b>CREDIT CARD DEBT</b>	\$	= \$
(Details)	\$	(Details)	\$	= \$
<b>HOME</b>	\$	<b>HOME LOAN</b>	\$	= \$
(Address)	\$	(Details)	\$	= \$
<b>MOTOR VEHICLES</b>	\$	<b>MOTOR VEHICLE LOANS</b>	\$	= \$
Make    Year    Mileage	\$	(Details)	\$	= \$
Make    Year    Mileage	\$	(Details)	\$	= \$
<b>ANY OTHER PROPERTIES</b>	\$	<b>OTHER PROPERTY LOANS</b>	\$	= \$
(Address)	\$	(Details)	\$	= \$
(Address)	\$	(Details)	\$	= \$
<b>ALL OTHER ASSETS OR INVESTMENTS</b> (including shares and business ownership)	\$	<b>ALL OTHER LOANS (incl personal loans)</b>	\$	= \$
(Details)	\$	(Details)	\$	= \$
(Details)	\$	(Details)	\$	= \$
(Details)	\$	(Details)	\$	= \$
<b>NETT TOTAL</b>	<b>\$</b>	<b>NETT TOTAL</b>	<b>\$</b>	<b>= \$</b>



**REFEREES**

Please provide **two personal referees** and the details of **all of your professional providers** who can verify the information you have provided.

**Please advise these referees and providers to expect contact from us to discuss your circumstances.**

**PERSONAL REFEREE 1:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**PERSONAL REFEREE 2:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**PROFESSIONAL PROVIDERS**

	Name	Contact Number
<b>LOCAL AREA COORDINATOR (LAC)</b>	_____	_____
<b>SOCIAL WORKER</b>	_____	_____
<b>DOCTOR</b>	_____	_____
<b>NURSE</b>	_____	_____
<b>OTHER</b>	_____	_____
(Job Description)		

**SUPPORTING DOCUMENTATION**

In order to meet the statutory obligations for gifting, WA Charity Direct has an obligation to verify the information included in your application.

**To allow us to do so, please attach as much supporting documentation as possible** to verify your claim.

This information should include copies of your (and your partner's) most current:

- Pay slips** or group certificates,
- Statements** of all **government benefits** or **assistance**,
- Bank statements** (if you owe money to a bank),
- Financial statements** (if you or your partner own a business or have shares in a business),
- Medical reports** verifying the disability or illness suffered,
- Letters** from any of your professional providers verifying/supporting your circumstances,
- Independent quotations** or documentation to verify the amount being claimed,
- And any other documents** or statements to support the claims made on the application form.

**Failure to provide adequate supporting documentation may lead to your claim being delayed, set aside or rejected.**



### MOTOR VEHICLE APPLICATIONS ADDITIONAL INFORMATION FORM

WA Charity Direct **only** provides assistance to fund motor vehicles, including wheel chair accessible vehicles, in **very exceptional circumstances**.

**Exceptional cases** usually mean that there is a **high need** for the vehicle for **regular** and **on going** medical and/or treatment purposes.

If successful, vehicles funded are normally **second hand vehicles**.

Amounts funded are also **limited** and **capped**.

If any funding is granted, the applicant **must provide** a cover note or other **proof of insurance** of the vehicle **before** the charity will release any funding.

To support any vehicle application, applicants must **include the following** –

#### MEDICAL VISIT SCHEDULE

A **schedule** of all visits made to specialists, GPs and hospitals etc., over the last 12 months.  
Please provide a **separate schedule for each practitioner**.

Each schedule should include -

- The **date** and **purpose of each visit**,
- A **signature** endorsing the schedule from the medical centre,
- **The contact details** of a person at the centre that we can call to verify the information.

#### WORK PURPOSES (if the beneficiary is working)

Company Name – \_\_\_\_\_

Company Location – \_\_\_\_\_

Job Description – \_\_\_\_\_

Days and hours worked per week – \_\_\_\_\_

Length of time working at this company - \_\_\_\_\_

Please include **documentation** from the **Your Employer** verifying the above including the **contact details** of a person we can speak to.

#### EDUCATION PURPOSES (if the beneficiary is attending any courses)

Name of Education Facility – \_\_\_\_\_

Address of Education Facility – \_\_\_\_\_

Name of course – \_\_\_\_\_

Nature of course – \_\_\_\_\_

Purpose of taking course – \_\_\_\_\_

Frequency Facility is Visited – \_\_\_\_\_

Please include **documentation** from the **Education Facility** verifying the above including the **contact details** of a person we can speak to.

**APPLICANT AGREEMENT**

**Initial**

**Further Direct Contact**

I accept that a WA Charity Direct trustee will call me to obtain further information, or more details, or further supporting documentation in regards to my claim and I agree that I will provide as much information or documentation as requested / necessary.

**Third Party Contact**

I authorise WA Charity Direct to contact any third parties listed in this application to verify any information regarding my claim.

**Consent to Information**

I consent to this information being held by WA Charity Direct

**Endorsement** (if application is successful)

I authorise WA Charity Direct to list details of my case / name on their website and to distribute our members. This helps us raise money to assist others (just like you).

**Photo**

I agree to provide a photo to WA Charity Direct at the time of the handover of the benefit to use on our website.

**Supporting Documentation**

I have included all of the necessary documentation to support my claim including independent quotes /independent documentation to verify the amount being claimed.

\_\_\_\_\_

**Signature**

Authorising all of the above

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date**

**Declaration of the Applicant**

I certify that all of the information given in this application is, to the best of my knowledge and belief, correct and that I am the applicant or I am acting on behalf of the applicant.

\_\_\_\_\_

**Signature**

Authorising all of the above

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date**