

# Kids Support Fund Application

Application Details:			
Child's Name:	Date of Birth: / /	Age:	
Address:			
Suburb:	Postcode:		
Diagnosis:			
Parent/Carer Details:			
Parent/Carer's Name:		Relationship:	
Phone:	Email:	Mobile:	
Health Care Professional's Details:			
Name:	Report Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Address:			
Suburb:	Postcode:		
Phone:	Email:	Mobile:	

To be considered for funding through the Kids Support Fund you must provide formal **Documented Evidence** that all other avenues for funding have been exhausted e.g., NDIS, Enable, Better Start, HCWA, Sydney Children's Hospital, Westmead Hospital, etc. Please provide details below and attach the required documentation to ensure that your application is processed.

A Healthcare Professional's report must be attached for each item of equipment including technological equipment detailing clear evidence that each item has been trialed and assessed for suitability. Please outline below the cost and supplier of the requested equipment/aide, service or resource. This must be based on at least two current quotes, which also need to be attached to this application form. For technological equipment please include the required memory, software or applications and advise what the communication or skill goals are for the child.

Description Of Equipment/Service	Supplier(s)	Cost Quoted

Family Contribution (min \$100.00 required) Amount: \$

Total Amount of Funding Requested After Contribution: \$

*Please attach extra pages if more space is required.*

## Use Of Funding

(i) Please outline the equipment, service or resource you are requesting funding for:

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(ii) How will this funding make a difference for your child?

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(iii) **Other Significant Factors?** Please detail any other factors you feel Kids Support Fund should take into account in assessing this application e.g. housing difficulties, other medical concerns, impact on siblings, social issues or other financial factors

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I understand that any ongoing or future costs associated with the purchase of this equipment / aid / activity is my responsibility

Email completed applications to: [kidssupportfund@disabilitytrust.org.au](mailto:kidssupportfund@disabilitytrust.org.au)

Before sending your application are:

- All questions answered?
- Have you attached formal Documented Evidence of other funding applications/replies?
- Have you attached a copy of a relevant Healthcare Professional's report?
- Have you attached a copy of at least two current quotes per item?
- Total Cost indicated on the front page.

### Consent Form

I/We \_\_\_\_\_ agree the equipment/aides are essential for my child's  
\_\_\_\_\_ ongoing health and well-being.

I/We consent to the information contained in this application being shared with the Kids Support Fund Allocation Committee and The Disability Trust. I/We understand that my therapist maybe asked to give feedback of my child's use of the equipment/aides/program from the Kids Support Fund Allocation Committee.

Name (Parent/Carer): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_