



Financial Assistance Program

Who can apply for assistance?

The Breast Cancer Association of Queensland Financial Assistance Program is available to Queensland people with breast cancer experiencing financial difficulties as a result of their cancer. This assistance is provided once only.

What type of financial assistance is available?

The Breast Cancer Association of Queensland can only pay a bill/s that is *not already paid*. Reimbursement for a bill/s already paid cannot be provided.

Once a bill/s have been approved for payment, a cheque is paid directly to the billing company. Following are a few examples of the types of financial assistance available.

- Prosthesis
- Wig
- Travel (for the purposes of treatment)
- Accommodation (for the purposes of treatment)
- House cleaning
- Ironing
- Gardening
- Child care

How do I apply?

To apply, complete the Financial Assistance Application Form attached to this letter. Please ensure all details are completed on this form before lodgement including:

1. All questions are answered.
2. Account/s or quotes are attached.
3. Endorsement of your local doctor.

Where do I send the application?

Please send your completed application to:
Mrs G Fairfax
Treasurer
Breast Cancer Association of Qld Inc
PO Box 970, SPRING HILL QLD 4004

If I still have questions who do I contact?

For further information please contact:
Tracey Plumridge (Office Secretary)
Breast Cancer Association of Qld Inc
Tel: 07 3666 0614 (Tues, Wed, Thur 9:30am-2:30pm)



Financial Assistance Application Form

Privacy Statement

The Breast Cancer Association of Queensland respects your privacy and will not pass on your name to any other person or organisation not directly involved in this application. The details of this application will be kept strictly confidential.

To be completed by applicant

1. Patient details

Patient's name: _____

Patient's age: _____

Relationship to applicant: _____

(if different to applicant)

Patients contact details: Home ph: _____

(if different to applicant)

Work ph: _____

Mobile: _____

Please indicate if you have any of the following?

Private Health Insurance Yes / No

Health Care Card Yes / No

Pensioner Concession Card Yes / No

Veterans Affairs Yes / No

Do you have any dependants? Yes / No

If yes, please list number and ages below:

2. Applicant's details

Applicant's name: _____

Applicant's contact details: Home ph: _____

Work ph: _____

Mobile: _____

Postal Address: _____

_____ Post Code: _____

3. Details of financial assistance requested

Please provide information about the bill/s for which you are requesting assistance.
Please attach a copy of the bill/s or quotes and ensure you keep a photocopy for yourself.

Item/Service/ Bill	Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Signature

I, the undersigned, verify the above details are correct.

Applicant's signature

_____/_____/_____
Date

To be completed by health carer

This section is to be completed in full by your local doctor. **Applications cannot be considered without a supporting statement by your local doctor.**

1. Treating doctor: _____
2. Current medical treatment and care: _____
3. Relevant treatment history: _____

4. Has the patient applied to any other organisations for financial assistance?
Yes / No

If yes, what happened with this request for assistance? _____

5. Has the patient received any financial assistance from BCAQ before?
Yes / No

6. Please provide a detailed statement how this assistance will benefit the patient in relation to their current cancer experience.

7. Name of local doctor completing this section: _____

Medical Practice: _____

Contact telephone number: _____

Signature: _____

Date: ____/____/____

OFFICE USE ONLY

I, _____, Breast Care Nurse, support the funding of this application.

Signature

_____/_____/_____
Date

I, _____, BCAQ committee member, support the funding of this application.

Signature

_____/_____/_____
Date

I, _____, BCAQ committee member, support the funding of this application.

Signature

_____/_____/_____
Date

I, _____, BACQ board member approve the funding of this application.

Signature

_____/_____/_____
Date

I, _____, BACQ board member approve the funding of this application.

Signature

_____/_____/_____
Date