



A helping hand to Sunraysia children and their families

THE LUCAS FOUNDATION

APPLICATION FOR ASSISTANCE FORM

The Lucas Foundation was established in 2014 to assist children and their families in Sunraysia who become suddenly ill and/or are suffering financial hardship due to unforeseen circumstances. The Foundation has a limited capacity to assist families of children **12 years and under**.

**if your child is over this age and you feel you fit all of the other criteria please fill out the application form as all applications will be assessed on a case by case basis*

All applications to The Lucas Foundation for assistance must be in an amount of **no greater than Ten Thousand Dollars (\$10,000)**. The Trustees of The Lucas Foundation will not consider any application that exceeds this amount.

Please complete this Application Form if you feel your child (**Potential Beneficiary**) will qualify for financial assistance from The Lucas Foundation in accordance with the mandate of The Lucas Foundation and the Terms and Conditions set out on page 2 of this Application Form

By submitting this Application Form to The Lucas Foundation you, the Applicant, represent that you have read, and agree to be bound by, the Terms and Conditions set out on page 2 of this Application Form

Please send completed application to:

The Selection Panel
The Lucas Foundation
PO Box 757
Mildura Vic 3502

Terms and Conditions

Criteria

1. As TLF is only permitted to provide funding to beneficiaries that are experiencing financial hardship due to sudden illness or unforeseen circumstances, TLF requires all Applicants and Potential Beneficiaries to provide certain information in order that it can assess each Potential Beneficiary's circumstances.
2. TLF reserves the right to reject any Application Form that is not completed in its entirety or does not attach all additional documentation set out on page 9 of this Application Form. It is the sole responsibility of the Applicant to ensure that this Application Form is completed properly.

Selection Process

1. All Applications will be reviewed by an independent selection panel of local professional people. Each Application will be assessed on a case by case basis. If after initial assessment, the selection panel determine the applicant meets the criteria they will request the financial section of the application form be completed and forwarded to them in confidence.
2. On the recommendation of the independent selection panel of TLF, the trustees of TLF will, in its absolute discretion, approve payments from the TLF Fund on such terms and conditions as it sees fit.
3. Any decision by the selection panel and the trustees of TLF relating to payments from the TLF Fund is final and no correspondence will be entered into in relation to such payments.
4. It is anticipated that successful Applicants will be notified no later than 28 days after a complete application is received.

Privacy

1. TLF will comply with the *Privacy Act 1988* in relation to any Personal Information provided to TLF in connection with this Application. Applicants consent to TLF:
 - a. Collecting Personal Information about them and the Potential Beneficiary for the purpose of TLF considering whether to provide financial assistance from the TLF Fund to the Potential Beneficiary; and
 - b. Disclosing any information collected in relation to this Application to:
 - i. TLF's advisors (including its legal and financial advisors); and
 - ii. The media for the purposes of advertising any grant made by TLF.

Should you have any queries regarding a Potential Beneficiary's eligibility for financial assistance, these Terms and Conditions or completing this Application Form, please contact The Lucas Foundation via email admin@thelucasfoundation.org.au

Potential Beneficiary's Details

Please note that all Applications should be complete and submitted by the potential beneficiary's legal guardian.

Child's surname:		
Child's given name(s):		
Postal address:		
Suburb:	State:	Postcode:
Phone number (AH): ()		
Date of birth: / /	Age*:	Gender: M F
*Must be under 12 years of age		

Applicant Details (Legal Guardian)

Title:	Surname:	
First name:		
Postal address:		
Suburb:	State:	Postcode:
Phone number (AH): ()	Mobile:	
Phone number (BH): ()		
Relationship to potential beneficiary:		
Date of birth: / /	Age:	Gender: M F

Further details

- 1) Does the potential beneficiary live in the Sunraysia District. (please circle)?
YES NO

- 2) What is the potential beneficiary's current living situation (please circle)?
 - a) Living at home with both parents/guardians
 - b) Living at home with a single parent/guardian
 - c) Living between two households

3) If you answered **a) b) or c)** to **Question 2**

a) What is the combined weekly income (after tax) of the potential beneficiary and the potential beneficiary's parent(s)/legal guardian(s)?

\$

b) Does the **potential beneficiary** receive any government benefits (please circle)?

YES NO

If **YES**, please provide details:

c) Are the potential beneficiary's **parent(s)/legal guardian(s)** receiving any Government Benefits (please circle)?

YES NO

If **YES**, please full provide details of each benefit received and whom it is awarded to (i.e. applicant, applicant's partner):

4) Apart from the potential beneficiary, how many other children live in the household (please include ages)?

5) Are the potential beneficiary's parent(s)/legal guardian(s) entitled to receive a payment of compensation from an insurance or superannuation fund (please circle)?

YES NO

6) Have you previously applied for funding from TLF for this potential beneficiary (please circle)?

YES NO

7) Please describe why the potential beneficiary is in need of financial assistance:

8) How much financial assistance does the potential beneficiary require from TLF to alleviate some of or all of their financial needs?

\$

9) What will the financial assistance be used for?

10) Does the amount requested cover the total cost of what you are seeking funding for?

YES NO

If **NO**, what is the total cost of the item you will use the funding towards?

\$

11) Is the potential beneficiary or the potential beneficiary's parent(s)/legal guardian(s) entitled to receive funds from another charity or source, for part of or the entire amount required (please circle)?

YES NO

If **YES**, please indicate source(s):

Please indicate amount(s):

\$

12) If you answered **NO** to **Questions 10** and **11**, please give details of how you will fund the remaining amount:

Additional Information

Please provide an explanation of any other present circumstances that give rise to necessitous circumstances or otherwise support this Application. Other relevant circumstances which may be taken into consideration include any health circumstances or incapacity which may increase your cost of living, or impending change in employment circumstances:

References

Please provide at least two referees who may be contacted and asked to provide a written reference:

Name: _____ Job Title: _____

Company: _____

Mobile: _____ Email: _____

Name: _____ Job Title: _____

Company: _____

Mobile: _____ Email: _____

Applicant's Declaration

I declare that all information supplied in this Application is, to the best of my knowledge and belief, complete and accurate.

By submitting this Application to TLF I acknowledge that I have read, and agree to be bound by, the Terms and Conditions set out on page 2 of this Application Form.

Signature: _____ Date: _____

Additional Documentation

Please provide the following additional documentation:

1. A copy of the potential beneficiary's birth certificate
2. Photographic evidence as to the Applicant's identity (i.e. a copy of the Applicant's drivers licence)
3. Evidence as to the relationship between the Applicant and the potential beneficiary, if the Applicant is not listed as the potential beneficiary's parent on the potential beneficiary's birth certificate
4. Medical documentation: completed by a recognised medical practitioner, an occupational therapist or allied health practitioner
5. Supporting letter from an allied health practitioner, giving further details regarding the Applicant's circumstances and need for funding
6. If you are applying for equipment or vehicle modifications: An exact quote from the preferred supplier
7. If you are entitled to receive Government Benefits: A copy of your latest statement for ALL benefits received – for ALL members of the household
8. Any other supporting information you believe may be of benefit in assessing this application, such as bank statements
9. If you are to receive funding from other sources, please include confirmation letter(s)

Checklist

- Completed all sections of this application form Signed
- Signed Applicant's Declaration
- Attached photographic evidence as to the Applicant's identity (i.e. drivers licence)
- Attached a copy of the potential beneficiary's birth certificate
- Attached a copy of all government benefits statement(s) for all members of the household
- Attached evidence as to the relationship between the Applicant and the potential beneficiary
- Attached medical documentation and supporting letter(s)
- Attached exact quote from preferred supplier of equipment or vehicle modifications
- Attached any other supporting information (i.e. funding assistance from other sources)