



Application Form | Top-up Fund for Children (TFC)

Client Details

Surname _____ Given Name/s _____

Address: Unit No. _____ No. _____ Street Name _____

Suburb _____ Postcode _____

Gender: Male Female Intersex

Postal Address: (if different from above)

Unit No. _____ No. _____ Street Name _____

Suburb _____ Postcode _____

Telephone: Home _____ Mobile _____

Parent/Guardian Details

Surname _____ Given Name/s _____

Relationship to Client: _____

Residential Address: (if different from above)

Unit No. _____ No. _____ Street Name _____

Suburb _____ Postcode _____

Telephone: Home _____ Mobile _____

Email: _____

Eligibility Requirements (Please ensure **all** questions are answered)

1 – Does the client have a current application for any of the following items with SWEP?

- a. Manual Wheelchair Yes No
- b. Powered Wheelchair Yes No
- c. Walking Aid Yes No
- d. Pressure Cushion Yes No

2 – Is the client less than 18 years of age? Yes No DOB _____ / _____ / _____

3 – Is the client listed on a Health Care Card / Pension Concession Card? Yes No

NB. Please note, if client has a Pension Concession Card, this must be held in the client's name.

CardType _____

Name of Card Holder _____

Relationship to client _____

Number on Health Care Card / Pension Card _____

Signature _____ Expiry Date _____ / _____ / _____

4 – All Information provided on this form is true and correct

Full Name _____ Signature _____

Please return the completed form to:

State-wide Equipment Program – Ballarat Health Services P.O Box 1993 Bakery Hill, Vic 3354

Ph: 1300 747 937 Fax: 5333 8111

Office Use Only

Date application received _____ / _____ / _____ Admin officer _____

Client ID # _____ Application ID # _____

A&EP approved Yes/ No TFC approved Yes/ No Value \$ Client advised of funding outcome Date: _____ / _____ / _____