

FY 23-24 Martidja Banyjima Medical and Wellbeing Form

Member Details – this section must be completed

To be eligible for this assistance, an applicant must meet the beneficiary criteria as follows:

1. A registered MIB (non-IBN) beneficiary; and
2. Birth child registered under the above membership

Members Full Name (including middle name)

Date of Birth

 / /

Contact Phone Number

Tick (✓) if 'yes'

- This is my current number, please update my record
 This is a temporary number, please do not update my record

Email

The following are my current contact details and should be updated on my record: Tick (✓) if 'yes'

Residential Address

Suburb

State

Postcode

Postal Address (if different to residential address)

Suburb

State

Postcode

Assistance and support for medical and wellbeing

Support for health and wellbeing. Please tick (✓) which item(s) you would like assistance with:

- | | |
|--|---|
| <input type="checkbox"/> Counselling/psychology/ psychiatry/ mental health support services | <input type="checkbox"/> Pharmaceuticals, including alternative medicines (including health supplements) |
| <input type="checkbox"/> Medical and dental costs (surgery, travel/fuel to appointments and food/accommodation) | <input type="checkbox"/> Accessories associated with health conditions (such as cancer and prosthetics, wigs, air conditioners) |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Private health insurance |
| <input type="checkbox"/> Provision for carers | <input type="checkbox"/> Programs relating to men's and women's health |
| <input type="checkbox"/> Modification of vehicles for disability | <input type="checkbox"/> Ambulance costs/membership |
| <input type="checkbox"/> Preventative therapy (including but not limited to physiotherapy, personal trainers, dieticians, yoga, Pilates, exercise programs, gym memberships) | <input type="checkbox"/> Alternative therapy (including but not limited to naturopaths, Bowen therapy, homeopaths, massage, chiropractic, acupuncture, hypnosis, health retreats) |
| <input type="checkbox"/> Prescription glasses and other medical equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ancillary Medical services | |
| <input type="checkbox"/> Purchase and maintenance of mobility vehicles (one per beneficiary) | |

Please note:

- A letter of support from your health professional relating to your needs will be required with this application.
- Elderly is over 55 years old.
- The allowance is allocated to all Martidja Banyjima adults (over 18 years of age). Eligible parents are entitled to access their own allowance on behalf of biological children.
- Martidja Banyjima biological children of a deceased or incapacitated Martidja Banyjima parent may access an amount of up to \$5,000 shared between themselves and their biological siblings.
- Funding for treatment is only to be provided within Australia, except in the case that members can prove long term residency overseas. Emergency overseas medical will be considered on a needs basis.
- No allocations of funds can be transferred to another member.

Exclusions: Vehicle repairs (including tyres), registration and maintenance, purchase and modifications of everyday vehicles, associated everyday living costs (such as rent, utilities), and mobile phones and costs associated with phones such as credit.

Beneficiary Allowance

- Health: Up to \$5,000
- Medical Procedures: Up to \$20,000
- Health Insurance: Up to \$5,000

Details of request: (note; no cash payments or reimbursements to beneficiaries are allowed)

| Items | Supplier | Phone | Invoice / Quote No (#) | Amount |
|--------|----------|-------|------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total: | | | | |

Comments: _____

Checklist of required documentation

Please tick (✓)

- Birth certificate of children under 18 years (this is required to show biological link to adult Banjima person)
- Letter of support from registered healthcare professional. Escort persons must be named in any support letter
- Quotes / invoices for items requested.

If any supporting documentation has not been included BNTAC will contact the member to advise. This may delay processing of the application. BNTAC will make several attempts to contact the member. If a response is not received from the member within one month, the application will lapse and become inactive. If the member wishes to proceed with the application at any time, they should contact BNTAC to reactivate the application. Updated support documents may be required at this time.

Declaration

I declare that the information I have provided above is true, complete, and accurate. I authorise BNTAC to speak to any interested parties about my application. BNTAC will not provide confidential or sensitive information to interested parties without explicit consent from myself. I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other Banjima beneficiary.

Signature

X

Date

□□ / □□ / □□□□

Please send the completed form to:

Email: ms@bntac.org.au
 Fax: 08 9216 9898
 Post: BNTAC, PO Box 6278 WA, 6892
 In person: Level 1/165, Adelaide Terrace, East Perth WA 6004

For further information please contact BNTAC on 9216 9888