

MOIRA DEAN ARYA-KOHN FOUNDATION

APPLICATION FOR FINANCIAL ASSISTANCE FOR AIDS / EQUIPMENT

Child's Details

Name of Child:		Date of Birth:
Nature of Disability:		
Parent/s Guardian/s Name/s:		
Address:		
Phone No:	Email:	

Funding Request

Aid / Equipment: (please describe)	
Recommended by: (Dr / therapist, etc.)	Phone No:
Supplier:	Phone No:
Full Cost of Item: (please attach a copy of supplier's quotation) \$	
VA&EP Subsidy Outcome: Approved <input type="checkbox"/> Amount \$	Rejected <input type="checkbox"/>
VA&EP Reason for Rejection: (if applicable)	
Other Financial Assistance Obtained: (list all organisations approached and amounts granted)	
	\$
	\$
	\$
Can family / person contribute to cost of item: Yes <input type="checkbox"/> Amount \$	No <input type="checkbox"/>
Amount Requested: \$	Date Money Required:
What arrangements have been made when equipment is no longer required?	

Case Manager / Therapist Making Application

Name:	Position:
Organisation:	
Phone No:	Email:
<i>I declare that the information provided on this form is true and correct</i>	
Signature:	Date:

Please forward application together with a copy of the supplier's quotation by fax to (03) 9592 3394, or e-mail to alan@mdakf.com.au or robyn@mdakf.com.au or post to Moira C/ Moira Dean Arya-Kohn Foundation 928 Nepean Hwy Hampton East Vic 3188

Foundation Use Only

Application No:	Approved: Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> reason:
Amount Funded: \$	Approved By: Date: