## **HLTTV EMERGENCY FINANCIAL ASSISTANCE**

#### INTRODUCTION

The Heart and Lung Transplant Trust (Vic) Inc ('HLTTV') is able to provide emergency financial assistance for people who have had, or are on the waiting list for, a transplant and are experiencing exceptional financial hardship.

To qualify for emergency financial assistance you must be a pre- or post-transplant member of the HLTTV.

Membership costs \$15 per year for people who are post-transplant, or is free for people who are on the waiting list. Membership fees for one year can be waived if an individual is experiencing exceptional financial circumstances. Link to on-line membership www.hlttv.org.au/about-us/membership

A health professional (social worker, doctor, nurse, transplant coordinator, occupational therapist etc) needs to complete the request form overleaf and attach any supporting documentation (bills, receipts etc). The request will then be assessed by a minimum two senior HLTTV committee members (two of President, Vice President, Treasurer, Secretary) and approved; approved in part; or not approved with reasons given. This process may take up to 14 days.

These decisions are up to the discretion of the committee, however if an application is unsuccessful the individual can reapply, taking into account the reasons for refusal provided by the committee.

Individuals can apply for a maximum of \$300 emergency assistance per year.

This amount may change at the discretion of the committee dependent on HLTTV finances and income and demand for emergency financial assistance.

The preference of the HLTTV is to pay bills directly via Bpay, supply food or petrol vouchers, or reimburse payments already made, rather than give cash money directly to applicants.

All applications will be handled confidentially in line with the *HLTTV Privacy Policy*, contained in this pdf or found on our website at <a href="https://www.hlttv.org.au/about-us/policies">www.hlttv.org.au/about-us/policies</a>

#### CONDITIONS

#### **HLTTV** is willing to provide emergency financial assistance to cover:

- utility bills, transport costs, car registration, medical equipment, pharmacy bills, hospital parking, food, petrol, rent.

### **HLTTV** will **NOT PROVIDE emergency financial assistance to cover**:

non-essential bills (pay TV, internet provider etc), flights, hotel accommodation, school fees, entertainment costs,
 credit card repayments, fitness equipment and fitness-related costs, fines.

### **APPLICATION OPTIONS: Applications should be submitted to**

#### **Email both**

treasurer@hlttv.org.au secretary@hlttv.org.au

Last update 12/8/19

#### **Post**

The Secretary
Heart and Lung Transplant Trust (Victoria) Inc
PO Box 25036, Melbourne VIC 3004

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TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL   ANY OF TRANSPLANT COORDINATOR, OCCUPATIONAL THERAPIST, SOCIAL WORKER, DOCTOR, NURSE, ETC)	
Date Applicant's name	
Address	
Suburb	State Postcode
Preferred phone number	Email address
Date of transplant	Type of transplant
Officially listed for transplant YES NO	Date of listing
Current HLTTV member YES   NO	If NO, the HLTTV Membership Officer will be in contact
How much financial assistance is being sought?	
What will the financial assistance be used for? (pl	ease provide supporting documentation eg bills, receipts)
Please describe the current financial hardship situation of the applicant	

This form allows you to write your responses directly onto the page. Once you are finished, simply save the pdf and then email it back to both of the email addresses below: secretary@hlttv.org.au and treasurer@hlttv.org.au

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TO BE COMPLETED BY A REGISTERED HEALTH PROF	ESSIONAL   ANY OF TRANSPLANT COORDINATOR, OCCUPATIONAL THERAPIST, SOCIAL WORKER, DOCTOR, NURSE, ETC)
What long term plans have been put in place to support this applicant? (eg Centrelink application in place; referral to financial counselling; referral to employment service)	
Are there any other factors to take into account?	
MEDICAL PROFESSIONAL'S DECLARATION	
Name of Health Professional	Position
Preferred phone number	Email address
Signed	Date
APPLICANT'S DECLARATION	
Signed	Date