

Section 1: Veteran Information					
Surname:			Given Names:		
Date of Birth:			Phone Number:		
Email Address:					
Current Address:					
Suburb:		State:		Postcode	
Local Government Area:					
Currently Homeless		Yes <input type="checkbox"/>	No <input type="checkbox"/>	At risk of being Homeless	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you Identify as Aboriginal or Torres Strait Islander				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an RSL sub-Branch member		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes which Branch:	
Do you have any other family members whom have served in the ADF				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 2: Veterans Service Information					
Service Number/PM Keys:				Rank:	
Service Type	Army <input type="checkbox"/>	Navy <input type="checkbox"/>	Air Force <input type="checkbox"/>	Other <input type="checkbox"/>	
Unit/Corps/Ship:					
Service Dates	From:	To:	Currently Serving <input type="checkbox"/>		
Place of enlistment:			Place of Discharge:		
Details of any deployments:					
Please detail any injury or illness:					
DVA card type	Orange <input type="checkbox"/>	White <input type="checkbox"/>	Gold <input type="checkbox"/>		
DVA file number:					

Section 3: Applicant Information (if not the Veteran).					
Surname:			Given Names:		
Date of Birth:			Phone Number:		
Email Address:					
Current Address:					
Suburb:		State:		Postcode:	
Local Government Area:					
Currently Homeless		Yes <input type="checkbox"/>	No <input type="checkbox"/>	At risk of being Homeless	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you Identify as Aboriginal or Torres Strait Islander				Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your relationship to the veteran					

### Section 4: Previous Applications

4.1 Have you applied for assistance with us before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4.2 Have you applied for/received assistance from any other organisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answered **yes** to question 4.2 please provide details below:

### Section 5: Financial Position Summary

Fortnightly income – Please detail any person that contributed to the household financially

Income type	Service Member	Spouse/Partner	Other	Other	Other	Total
Wages	\$	\$	\$	\$	\$	\$
DVA	\$	\$	\$	\$	\$	\$
Comm Super	\$	\$	\$	\$	\$	\$
Business/Trust income	\$	\$	\$	\$	\$	\$
Death Benefit Pension	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Rental Assistance	\$	\$	\$	\$	\$	\$
Utility Assistance	\$	\$	\$	\$	\$	\$
Investment income	\$	\$	\$	\$	\$	\$
Centrelink	\$	\$	\$	\$	\$	\$
Youth Allowance	\$	\$	\$	\$	\$	\$
Family Tax Benefit	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Combined total household income	\$
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Section 5.1: Fortnightly Expenses					
Fortnightly expenses – please detail all household expenses					
Rent/Board	\$	Credit card/s	\$	Clothing	\$
Mortgage	\$	Loan/s	\$	Insurance	\$
Rates	\$	Vehicle expenses	\$	Education	\$
Water	\$	Food	\$	Phone/internet	\$
Electricity	\$	Medical	\$	Childcare	\$
Gas	\$	Dental	\$	Child Support	\$
Maintenance	\$	Entertainment	\$	Other	\$
Total	\$	Total	\$	Total	\$
<b>Combined total fortnightly expenses</b>			<b>\$</b>		

Section 5.2: Assets and Liabilities for All Household Members			
Assets	Value	Liabilities	Value
Home	\$	Home loan	\$
Other real estate	\$	Investment loan/s	\$
Motor vehicle/s	\$	Car loan/s	\$
Bank account/s	\$	Personal loan/s	\$
Home contents	\$	Credit cards	\$
Shares/investments	\$	Store card/s	\$
Military Super	\$	Overdraft	\$
Other Super	\$	Informal debt	\$
Trusts	\$	Other	\$
Companies/Business	\$	Other	\$
Other	\$	Other	\$
Total	\$	Total	\$
<b>Total Summary</b>			<b>\$</b>
Total income	\$	Total assets	\$
Total expenses	\$	Total liabilities	\$
Difference	\$	Difference	\$

**Section 6: Assistance Required  
(ALL APPLICANTS MUST COMPLETE THIS SECTION)**

Total amount of financial assistance requested: \_\_\_\_\_

Please list the expenses that make up this total:

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Why do you need this assistance now and for what purpose will it be used? (Please provide as much detail here as possible about payment of debts, medical expenses, etc – if necessary please attach a separate sheet).

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**Section 6.2: Supporting Documentation**

Please attach copies of any documentation which will assist us in verifying and supporting your application		
Documentation should include but not be limited to:	Attached	
Documentation confirming the injury/illness is related to defence service. (e.g. DVA letter of accepted conditions, medical reports or medical discharge documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank statements showing transactions for the last 2 months for ALL bank accounts and credit cards for all household members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation confirming income from all contributing household members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Invoices and quotes showing payment details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statement from DVA confirming any payments you have or are receiving ( <b>a nil statement is required if not in receipt of payments</b> – to obtain this call 133 254/1800 555 254 and ask for a statement of earnings)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 7: Report & Recommendation**  
**(By sub-Branch / DVA / DCO / Unit / Case Manager**

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**DETAILS**

Name:

Position:

Organisation:

Signature:

Date:

## Section 8: Applicant's Declaration

1, \_\_\_\_\_

(full name)

Of, \_\_\_\_\_

(address)

Certify that:

1. I am the applicant named on this application.
2. The statements made by me in this application and the information supplied by me in support of this application are true and correct to the best of my knowledge and belief. I have not failed to disclose any material fact required by RSL DefenceCare to consider my application.
3. I agree and authorise RSL DefenceCare to make whatever additional enquiries it deems necessary to determine this application and I further agree to furnish it to such other specific information it may require, to enable it to make such a determination.
4. The information provided by me in this application is to be treated as confidential by RSL DefenceCare and is not to be released to any other organisation or person (except for the purposes of determining this application), without my prior written consent, unless ordered to do so by a court of competent jurisdiction.

Applicants signature:

Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

## Section 9: Consent to exchange information and authority to act on a client's behalf

**By completing this form, a client of RSL DefenceCare will enable RSL DefenceCare to liaise with nominated organisations and to act on their behalf in relation to a claim or potential claim to the extent of the authority given in this form. If you choose not to complete this form, RSL DefenceCare can provide you with advice, but cannot act on your behalf. This form is to be completed by persons (clients) seeking services from The Trustee for RSL Welfare and Benevolent Institution ABN: 61 603 206 488, (RSL DefenceCare).**

For information or assistance with completing this form, please contact RSL DefenceCare on (02) 8088 0388.

### **General Information about Privacy**

To provide you with a professional level of service, RSL DefenceCare needs to collect personal information about you. At all times, you have a right to have that personal information kept private and request a copy of all personal information recorded by RSL DefenceCare. RSL DefenceCare is bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

### **Your right to Privacy**

Under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*, your personal information must be stored securely. On request, you must be told why the information is being collected, how it will be used and whether it will be given to or exchanged with another party so that service/s can be provided to you. If you believe that your privacy has been infringed you can make a complaint to RSL DefenceCare and/or the Privacy Commissioner at any time.

I, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ do hereby give the staff at RSL DefenceCare permission to speak to the below mentioned organisations on my behalf to assist with my seeking suitable housing.

I authorise RSL DefenceCare to collect, exchange and keep record of, my personal information as is required by RSL DefenceCare.

Further, I authorise RSL DefenceCare to act on my behalf in any dealings with the Third Parties/Agencies mentioned below, and to receive copies of all correspondence from the same.

I give this consent according to the provisions of this document and acknowledge that this authority will remain in force until I provide RSL DefenceCare with written confirmation of my withdrawal of consent. I understand that it is my responsibility to inform RSL DefenceCare if any of the details that I have provided in this form change.

- Family and Community Services (Dept of Housing)
- My treating doctor, psychologist or psychiatrist
- Hospital staff, R.N., Social Worker
- Link2Home – 1800 152 152
- Department of Veteran's Affairs
- RSL sub-Branch
- Any other services deemed relevant in regard to my application for financial assistance with RSL DefenceCare, in consultation with me, the Veteran/applicant or my chosen representatives.

Signed by Veteran/Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Instructions once this form is completed:

- Check back over entire form and confirm all sections are completed. It is difficult to process incomplete forms.
- Attach any bills, proof of income, or any other relevant information to the form
- Post to RSL DefenceCare, ANZAC HOUSE, Level 5, 341 George Street, Sydney, NSW, 2000  
OR
- Email to [info@rsldefencecare.org.au](mailto:info@rsldefencecare.org.au) with the subject line 'Community Support'; this will ensure the email goes to the department managing applications.



## Application Checklist

Please review your form and confirm that you have provided all of the required information by marking this checklist:

- Application form completed including financials of all household income earners (Wages, DVA, Centrelink etc.)
- List of any other organisations where assistance has been requested/received
- A statement explaining your current situation
- Bank statements showing transactions for the last 2 months for ALL bank accounts and credit cards for all household members
- Invoices in their entirety for payment including the payment details
- If you are the veteran, a statement from DVA confirming any payments you have or are receiving – a nil statement is required if not in receipt of payments
- Consent to exchange information form signed