

1. Applicant Information

Applicant Full Name:

Date of Birth:

Gender- please circle Female / Male

Residential Address:

Postal Address- if different from above

Email: _____

Place of Birth:

I have read and understood the Fred Liuzzi Foundation Guidelines for Individual Grant and Criteria for Funding: Y/N

I have submitted an application for funding assistance from the relevant State or Federal Government. eg State-wide Equipment Program (SWEP) or Pharmaceutical Benefits Scheme (PBS) ☐

I confirm that the Applicant is an Australian Resident or Australian Citizen ☐

Please attach a certified copy of the Applicant's Australian Passport, Birth Certificate or Medicare Card as proof of residency or citizenship.

I confirm that the Applicant is not an Australian Resident ☐

Please attach a certified copy of the Applicant's Passport, Birth Certificate and proof of Australian accommodation (utility bill, rental contract)

What is the residency status of Patient's Parents?

Can you speak to your financial hardship in more specific terms including the employment status of the patient's guardians?

Are you renting or are you a homeowner/mortgagee? If you are renting, do you receive rent assistance?

Please provide information of any Federal/ State/ Local Government mean's tested and/or non-mean tested allowances do you receive? Eg- Do you have a Health card, Pension, Carer payments, Carer allowance, Child Disability Assistance Payment, Youth Disability supplement, New Start allowance?

Have you applied for National Disability Insurance Scheme (NDIS)? If so please provide details.

Can you speak to any other assistance that you have received (hospital based/private organisations / churches-charities)?

Please complete if you are completing this grant application for the above applicant

I confirm that I am authorised to apply on behalf of Applicants behalf

☐

Name of Person making application on behalf of applicant:

Relationship with

Applicant:_____

Your

Address:_____

Email:_____

Phone:_____

Please provide the following information & documentation to assist your application

- 1) **Confirmation of diagnosis from your medical practitioner- provide documentation from expert**
- 2)
- 3) **Patient Prognosis information from your medical practitioner- provide documentation from expert**
- 4) ***How did you hear about The Fred Liuzzi Foundation?***
- 5) ***Is the related disease genetic?***
- 6) ***Are there any other family members affected?***
- 7) ***What is your current status of health?***
- 8) ***Please advise the items/services to be funded? (Please provide an Estimate & proof of cost)***
- 9) ***Do you allow us to use your story and photo within our work as a Foundation? Y/N***
- 10) ***Has any funding for this item/service been procured and maximised from other sources?***
- 11) ***If applicable, please provide an estimate of how long assistance shall be needed for?***
- 12) ***Please explain/ justify why TFLF should assist your cause?***
- 13) ***Can you speak to what granted monies shall mean for you and your family?***
- 14)

Please circle:

Applicant Story: Yes / No Applicant Photo: Yes/ No Family Photo: Yes/ No

Application Checklist:

Before you submit this grant application please ensure you provided the following

- A Copy relevant Invoices or product quotes for items/service to be funded
- A Copy of other part funding received for your request
- A Copy of confirmed diagnosis from medical practitioner, Neurologist or Geneticist
- Any other health documentation to assist your application
- Certified copy of Passport
- Certified copy of Birth certificate
- Certified copy of Medicare Card
- Certified copy of Applicants residential address or accommodation
(utility bill, rental contract, rates notice etc)

Grant Application Contact Details:

Please send application to

PO Box 8254 Northland Centre 3072

Or

Email: tlf@liuzzi.com.au