



## Department of Health & Human Services

50 Lonsdale Street  
Melbourne Victoria 3000  
Telephone: 1300 650 172  
GPO Box 4057  
Melbourne Victoria 3001  
[www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)

Our ref: INSERT FOI Number  
Your ref: DELETE if N/A

<Name>  
<Title>  
<Company or organisation>  
<Address 1>  
<Address 2>  
<SUBURB STATE POSTCODE>

Dear <Name>

### Freedom of Information Application

I refer to your application under the *Freedom of Information Act 1982* requesting access to:

'INSERT Wording of request'

Your application was received on INSERT Date. A receipt for your application fee is enclosed. Please note the application fee is GST-free. (DELETE the sentences about the receipt and application fee if these do not apply – eg for requests submitted online).

OR

The application fee has been waived in this instance.

OR

The Act provides that an application fee of \$26.50 must accompany each request. Please forward a cheque or money order for \$26.50, made payable to the Department of Health & Human Services at the above address.

The Act also provides that the application fee may be waived or reduced if payment of the fee would cause financial hardship. If you consider this to be the case the fee may be waived or reduced on production of a statement of how the payment of the application fee would cause you hardship. I have included a copy of the statement of hardship form that you need to complete if you would like the application fee waived.

Please note your request cannot proceed until the application fee or your statement of hardship has been received as it is not a valid request. To avoid a decision to refuse your application on these grounds, please provide your application fee or statement of hardship to this unit within 10 days of receipt of this letter.

CERTIFIED ID - CHOOSE ONE OPTION (or delete if Cert ID has been provided or is not required)

I (also) note that you have not provided a certified copy of photo identification with your Freedom of Information application.

OR

In order to establish that you have a right of access to the documents that you have requested, you are required to provide this unit with a certified copy of photo identification. The identification you have provided with your freedom of information application has not been certified.

Section 25A(5) of the Act allows an agency to refuse a request, without having identified any documents, where the requested documents are obviously exempt and where removal of the exempt material would not facilitate release of the documents, or where it is clear that the applicant would not want an edited copy of the documents.

The documents that you have requested (if they exist) would contain personal affairs information. Without a copy of your certified photo identification, this unit would be unable to establish that you have a right to access the requested documents and they would therefore be deemed to be completely exempt from release.

In order to remove the grounds for refusal of your request under section 25A(5) of the Act, please provide this unit with a copy of your certified photo identification within 14 days. To assist you with this, I have enclosed a certified identification fact sheet, stamped self-addressed envelope and a photocopy of your identification to be certified. (remove if not applicable)

I (also) note that you entered into care before 1989. I would like to take this opportunity to inform you of an agency called 'Open Place', who provides support services to individuals that entered into care prior to 1989. I have included a brochure about Open Place for your reference.

Include the following sentence if no certified ID is required AND the application fee has been waived or paid (otherwise delete it).

A freedom of information officer will be in contact with you regarding your request in due course.

Should you wish to discuss your request, I can be contacted at the address indicated in the letterhead of this letter, or via email at [foi@dhhs.vic.gov.au](mailto:foi@dhhs.vic.gov.au) or on (03) 9096 8449. Please quote our reference number (F1#/####) in any correspondence.

Yours sincerely

<Name>  
<Title>  
Executive Services  
---- / ---- / 2015

Enc.

1. Fees and Charges Fact Sheet
2. Receipt DELETE where not applicable
3. Certified Identification Fact Sheet DELETE where not applicable