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FSG AUSTRALIA
 10 Garden Street
 SOUTHPORT QLD 4215
 Phone: 5537 5003
 A/H: 1800 640 655

RESPITE PLUS EMERGENCY FUNDS APPLICATION FORM

Please fill in this form and email to: annd@fsg.org.au and fional@fsg.org.au

Agency/Department Name, contact number, Email address					
Referral Date		Consent to share info	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Client Name	CIJ	Date of birth	REDACTED		
Address	REDACTED				
Contact number/s	REDACTED				
Nature of disability	Epilepsy, Profound Expressive Language Disorder				
Accommodation setting (tick <input "="" checked="" type="checkbox"/> Private residence (including renting)	<input type="checkbox"/> Supported accommodation (hostel, supported residential service)				
<input type="checkbox"/> Short-term crisis accommodation	<input type="checkbox"/> Aged care facility	<input type="checkbox"/> Hospital	<input type="checkbox"/> Aboriginal/TSI community		
Client communication method (tick <input checkbox"="" checked="" type="checkbox/>)</td> <td><input type="/> Spoken English	<input checked="" type="checkbox"/> Sign language	<input type="checkbox"/> Under 5 yr	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Little or non effective	
Carer Name (if applicable)	CIK	Date of birth	REDACTED		
Address	As above				
Contact number/s	As Above				
Support type requested (tick <input 5"="" checked="" type="checkbox/>)</td> <td colspan="/>					
<input type="checkbox"/> In-home support	<input checked="" type="checkbox"/> Out-of-home respite	<input type="checkbox"/> Community access	<input type="checkbox"/> Equipment		
<input type="checkbox"/> On-sourced by:			<input type="checkbox"/> Other		
Details of purpose of funding (how it will be utilised; what outcomes will be expected; what other options have been explored; and what will happen if the person does not receive funds).					
<p>The purpose of the funding is to provide two nights support for ^{CIJ}, which will be provided by Gold Coast Recreation and Sport. It is proposed that this support would be provided in mid January 2012. This support would allow me to have two nights respite which would allow me to go on a brief 'holiday' with a friend. The outcomes would be a much-revived mother and carer, and a daughter who would be lifted in spirits by the time spent with Recreation and Sport.</p> <p>I care for ^{CIJ} on my own at home and therefore do not have any Informal supports. ^{CIJ} has very high support needs, requiring one to one support 24/7 therefore what funding we do have does not stretch all that far and is needed to provide some activities for ^{CIJ} during the day, and therefore I rarely receive any overnight or prolonged respite, having only had a total of three nights off in the last five years. DSQ has advised me that they are unable to fund this proposed respite and suggested that I call your service. Gold Coast Recreation and Sport have estimated that the cost of this respite would be approximately \$1050. If the funds are not received the proposed respite will not proceed.</p>					

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Amount requested	\$ 1050	Client contribution	\$
Amount co-funded	\$	Co-funded by	
Evidence requested (tick <input checked="" type="checkbox"/>)	<input type="checkbox"/> Assessments	<input type="checkbox"/> Quotes	<input type="checkbox"/> Invoices
Please provide as much evidence as possible to ensure prompt process of the application.			

FSGA RESPITE PLUS OFFICE TO COMPLETE			
<input checked="" type="checkbox"/> Approved	Amount approved	\$525.00	
Conditions of approval (period of support)	Contribution only. Advised to contact CCRC for contribution		
Start date	TBA	Finish date	TBA
Name of support agency	GC Rec and Sport		
Invoice payable to	GC Rec and Sport		
Address (if required)			
<input type="checkbox"/> Declined	Reason		
<input checked="" type="checkbox"/> Referred	Reason	To CCRC for balance	
Referred to	CCRC	Date referred	22/12/2011
Email approval given by	A DeWaal	Date	22/12/2011
Verbal approval given by		Date	
Entered by		Date	RP Reference

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