



Australian Government
Department of Health and Ageing

Assistance for the service providers under the National Respite for Carers Program in Flood-Affected Regions across Australia 2010-11

When to use this form	Use this form to apply to the Department of Health and Ageing (the Department) for reimbursement of extraordinary expenses incurred in the course of ensuring the wellbeing of clients during the floods which occurred in December 2010 - January 2011 in Queensland, New South Wales and Victoria. Services that experienced flood damage to their premises to items that are not covered by insurance may also apply for a reimbursement.
How long do you have to claim reimbursement?	You have until 30 June 2011 to lodge a claim for reimbursement. Applications lodged after this date may not be considered.
How will the payment be made?	Payment will be made to a bank, building society or credit union account in your organisation's name.
Who is eligible for assistance	Funding is available to service providers under the National Respite for Carers Program, including Commonwealth Respite and Carelink Centres and Carers Australia Associations, which incurred extraordinary costs directly attributable to the floods, subject to conditions.
What expenses can be claimed?	Subject to available funding, eligible organisations may apply for full or partial reimbursement of extraordinary expenses that: <ul style="list-style-type: none">• were incurred in the course of ensuring the wellbeing of clients affected by the Queensland floods;• are not covered by government funding;• are not covered by insurance; and• are extraordinary costs, <u>not</u> costs that the organisation would normally bear in the course of its day to day business.

Other claims:

Subject to available funding, the Department may in some cases also consider reimbursing in full or part other extraordinary costs that were directly attributable to the floods, but which were not incurred in the course of ensuring the wellbeing of clients (for example, loss of uninsured equipment). If your organisation has incurred such expenses and wishes to discuss the possibility of

seeking assistance from the Department to meet them, you should contact the Department directly on **02 6289 5226**.

Insurance

In order to ensure that the costs for which you are seeking reimbursement are not covered by insurance or otherwise provided for, the Department may contact your insurance agency and/or insurance broker, and other organisations as required. If you do not provide contact details requested, the Department may be unable to assess your application and make any payment to your organisation.

For more information

For more information or to discuss your application, contact the Department of Health and Ageing on **02 6289 5226**.

Returning this form

Check that you have answered all questions you need to answer, that you have attached documentary evidence of any expenses you are claiming, and that you have signed and dated this form.

Once you have completed this form, post it to:

Carer Programs Section - Assistance for Flood-Affected Regions

Department of Health and Ageing

GPO Box 9848

MDP 600

CANBERRA ACT 2601

Use of the information you provide in this form

The information you provide on this form will be used to determine your organisation's eligibility for reimbursement of extraordinary expenses incurred in the course of ensuring clients' wellbeing during the floods.

Relevant information from your claim will be given to Australian and State Government Departments and Agencies and other organisations who are involved in the administration of other flood relief initiatives.

The Department may also share information you provide in this form with your insurance agency and/or broker, and other organisations as required, in order to confirm that the costs for which you are seeking reimbursement are not covered by insurance, or have otherwise been provided for.

If you are successful in obtaining funding, the Department will publish details of the grant you receive on its website. These details will include your organisation's name and location, the amount and purpose of the funding it received, and also the date on which the funding was provided.

Note that giving false or misleading information to the Commonwealth is a serious offence under the Commonwealth Criminal Code.

Section 1 Organisation details

Legal name of organisation		
Trading name of organisation <i>(if different from above)</i>		
ABN		
Approved Provider number (if applicable)		
Do you receive funding under any Australian Government aged care programs? If yes, please list the programs under which you receive funding		
Authorised contact details: Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Doctor <input type="checkbox"/>	
First name		
Last Name		
Position		
Postal address <i>(all correspondence will be directed to this address)</i>	Address	
	Town /Suburb	
	State	
	Postcode	
Street address <i>(if different from above)</i>	Address	
	Town /Suburb	
	State	
	Postcode	
Organisation's contact details	Phone	
	Facsimile	
	Email	
Bank account details	Name of bank	
	BSB	
	Account number	
	Account name	

Section 2 Insurance details

In order to confirm that the extraordinary costs you are claiming are not covered by insurance, the Department may in some cases contact your insurance agency and/or broker.

Insurance agency and/or broker details	Name of insurance agency and/or broker	
	Your policy number(s)	

EXPENSE ELIGIBILITY CRITERIA

Please answer the following questions about the expenses you have listed

Were all of the expenses you have listed incurred in the course of ensuring the wellbeing of clients during the floods?

YES / NO

If No, please provide details of which expenses were not incurred in the course of ensuring the wellbeing of clients during the floods.

Are you able to cover any of the expenses you have listed from another source of government funding (eg, existing grant funding or subsidy arrangement)

YES / NO

If Yes, please provide details of which expenses you are able to fund using another source of government (including state/local government) funding.

Are any of the expenses you have listed covered by your organisation's insurance policy?

YES / NO

If Yes, please provide details of which expenses are covered by your organisation's insurance policy.

EVIDENCE OF EXPENSES

In order to claim reimbursement, you need to provide the Department with documentary evidence of the expenses you have listed. This could take the form of invoices, receipts, or relevant extracts from your payment systems.

You should make a copy of the relevant documents and attach them to this page.

Staffing costs

With respect to additional staffing costs attributable to the floods that you wish to claim, you should provide the Department with evidence of what your costs were before the floods, and what they were during and immediately after the floods. This will allow the Department to properly consider your additional staffing costs claim. Not providing this information to the Department may mean that a payment cannot be made to your organisation.

Section 4 Statement of compliance

I declare that:

- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence under the Commonwealth Criminal Code.
- the Department of Health and Ageing may make relevant enquiries to ensure that my organisation receives the correct level of reimbursement. Incorrect levels of reimbursement may have to be repaid to the Department and may be the subject of debt-recovery proceedings.

Signature of person authorised to make this application for and on behalf of applicant organisation

Name

Position

Date