



# APPLICATION FOR ASSISTANCE FROM THE RIGHT START FOUNDATION



## **THE RIGHT START FOUNDATION**

**The Objects for which the Company is established are:**

**(i) In relation to all persons in Australia diagnosed with DOWN SYNDROME, and associated anomalies, either ante-natal or post-natal, or to persons having the care and control of such persons;**

- A) To provide medical and associated assistance;**
- B) To provide continuing emotional support, counselling and education in the nature of lifelong learning;**

**The Right Start Foundation, under the provisions of its Constitution, may provide a grant up to \$4000 per annum to families who have a family member with Down syndrome to assist that family member with therapy and related expenses and/or equipment.**

**Applications will be reviewed at regular intervals throughout the year by the Board of the Right Start Foundation.**

### **CONDITIONS OF THE GRANT:**

1. The grant will assist those families to meet the cost of therapy, equipment and/or expenses related to the care needs of a person with Down syndrome.
2. The grant will only be available to a family whose applicant has been diagnosed with Down syndrome. Proof of diagnosis in the form of a letter or certificate from a medical practitioner must accompany the application form.
3. Applications need to provide supporting quotations for all items they are applying for.
4. The Board of the Right Start Foundation reserves the right to seek evidence to support your application.
5. The Board will not provide a grant of financial assistance for an item or support that you are being funded for by the National Disability Insurance Scheme (NDIS).
6. The grant will be no more than \$4000 per annum.

7. Grants will usually be provided in four instalments over a 12-month period. The first quarterly instalment will be made at the commencement of the 12 month period. Receipts must be provided after each quarter, for the total amount received in that quarter. Each record of quarterly instalments will be due to the Board within 14 days of the end of that quarter.
8. In the case that a grant is provided in a single lump sum payment, receipts will be due to the Board within 14 days of the grant monies being spent.
9. The Board of The Right Start Foundation reserves the right to withdraw a grant if it believes the monies are not being used in the correct manner.
10. The Board reserves the right to cease instalments if you do not comply with our timetable.
11. The decision of the Board to award a grant will be based on information provided by the applicant.
12. There will be no appeal process. The decision of the Board is final.
13. Applicants can apply in subsequent years.
14. All information will be stored in accordance with Policy and Procedures
15. The Board will notify you of the outcome of your application in writing as soon as possible.
16. The Board requests a photo showing use of grant and consent to use the photo for marketing purposes.

For more information, contact Christine Wilesmith

Phone: 46832776 or

Email: [therightstartfoundation@communitylinks.org.au](mailto:therightstartfoundation@communitylinks.org.au)

POST APPLICATIONS TO:

The Right Start Foundation

Christine Wilesmith

P.O Box 71

Tahmoor NSW 2573

## Application Form

Applicant	
Relationship to Recipient	
Name Of Recipient	
DOB of Recipient	
Postal Address	Post Code:
Home Phone	Mobile Phone
Email Address	
Name Of Child	
DOB Of Child	
<b>**PLEASE ATTACH MEDICAL CERTIFICATE / LETTER OF DIAGNOSIS**</b> <i>NB: If this has been submitted to the Right Start Foundation on previous applications this is not required.</i>	
Residency of Child	
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Residency Status <input type="checkbox"/> Other (please specify)	
_____	
_____	
Siblings / Ages	
Applicants Occupations	
Health Funs? (Please circle)	Yes / No
Does it Cover the Cost of Therapies? (Please circle)	Yes / No
Do you have an NDIS Plan?	Yes / No
<b>***IF YES, PLEASE ATTACH A COPY OF YOUR NDIS PLAN***</b>	

WHAT IS YOUR CURRENT THERAPIES PROGRAM?  
*(If applying for assistance with treatment / therapies)*

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HOW WILL THE GRANT BE SPENT?

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ESTIMATE COSTS

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EXPLAIN CIRCUMSTANCES OF FINANCIAL DIFFICULTY

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**Please provide details of the bank account that you would like grant monies deposited into, in the event that you are awarded a grant of financial assistance by the Board of the Right Start Foundation**

**Name of Bank:**

**Account Name:**

**BSB Number:**

**Account Number:**

I/We certify that the information given in this application is true and correct. I/We agree the information disclosed in this application may be disclosed to all directors of The Right Start Foundation board. If awarded a grant by The Right Start Foundation Board I/We agree to abide by the conditions set out in this application form.

**Sign:**

**Date:**

### **Checklist for applicants**

Before sending your applications check the following and tick the boxes:

- All the questions are answered
- The declaration is signed
- A copy of this application form has been retained by the applicant
- Copy of medical certificate attached
- Copies of all quotes are attached
- A copy of your NDIS plan (where applicable) is attached
- Your bank details have been included