



Danny's Place
Be your best

Variety Incorporated
Subsidy Program



To assess the eligibility of the family applying for the Danny's Place - Variety Incorporated Subsidy Program
PLEASE COMPLETE ALL FIELDS. Please sign page 2 and keep page 3 for your records.

Personal Details

Adolescent's (10—18 year old) Details:

First Name: _____ Surname: _____

Likes to be called: _____ Date of Birth: _____

If applying for more than one child: First Name: _____ Date of Birth: _____

First Name: _____ Date of Birth: _____

Parent / Guardian's Details:

First Name: _____ Surname: _____

Address: _____

Email: _____

Telephone: (M) _____ (H) _____ (W) _____

Parent / Guardian's Details:

First Name: _____ Surname: _____

Address: _____

Email: _____

Telephone: (M) _____ (H) _____ (W) _____

Application Details

Program Applying for:

Danny's Place 6 Month - Be Your Best Essential - Medical Weight Management Program

Level of Subsidy Applying for:

Full Subsidy (95%) - If applying for 95% please include details of your taxable income including your most recent tax return and recent payslips.

Partial Subsidy 75% 50%

Family Situation

Please provide us with information that best describes your current family circumstances (relevant to this application), including why a full or partial subsidy should be granted.



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Further Information

How will accessing this subsidy benefit your young person?

Financial Situation

Do you receive any of the following Centrelink payments:

- Parenting Payment Reference Number: _____
- School Card/Health Card Reference Number: _____
- Carer's Allowance Reference Number: _____
- Family Tax Benefit Reference Number: _____
- Disability Pension Reference Number: _____

If **yes**, how long have you received payments? _____

What type of accommodation do you live in:

- Own home Renting Government Rent No rent paid

What best describes your work or study circumstance:

- Working full time Student
- Working part time / casually Retired
- Looking for work Other

What is the total gross income of your household received per fortnight from all forms of income? (only required if not receiving Centrelink payment).

- Under \$1200
- \$1200 to \$2400
- \$2400 to \$3900
- Above \$3900

Please provide us with any additional information / circumstances that may be relevant:

PLEASE SIGN TO ACCEPT THE CONDITIONS OF THE APPLICATION: _____



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Criteria

General Rules:

- The application **MUST** be supported with a referral from a health professional
- Subsidised funds are paid directly to Danny's Place on behalf of Variety - The Children's charity
- The remaining program fee is paid on a monthly basis directly to Danny's Place
- If applying for the full 95% subsidy, please include details of your taxable income including your most recent tax return and recent payslips.
- Funds are available to a maximum of \$1425 per applicant (Full subsidy)
 - ⇒ For full (95%) subsidy - total amount payable to Danny's Place on top of subsidy is \$12.50 per month
 - ⇒ For 75% subsidy - total amount payable to Danny's Place on top of subsidy is \$62.50 per month
 - ⇒ For 50% subsidy - total amount payable to Danny's Place on top of subsidy is \$125 per month
- **If successful in the application process, not attending 3 consecutive sessions (without valid notification / reason) will result in loss of subsidy**

To be eligible for assistance applicants must :

- Be a South Australian resident
- Above the 95%tile as determined by your referring specialist
- Provide sufficient information about their level of financial disadvantage and/or low-income status for the program officer to make an assessment. Centrelink benefits are not the sole criteria to receiving this assistance

Once completed, please email application to: subsidy@dannysplace.com.au

or mail to: 12 The Parade Norwood, SA, 5067

Applicants will be assessed and notified within 4 weeks from receipt of application.

What Happens Next?

- This application will be assessed, based on the level of information provided. If insufficient information is provided, you may be asked for more information or the application may be returned
- Notification of application success will be communicated to the applicant by the Clinical Program Coordinator at Danny's Place
- A notification will be sent to the referring health professional of the outcome of the application
- Funds will be paid directly to Danny's Place for the young person's participation in the 6-month program

The young person's participation in the program will commence once the committee has notified the Clinical Program Coordinator of the level of subsidy. Appointments will then be made.

If you require more information or assistance, please contact either:

The Danny's Place Clinical Program Coordinator - jane@dannysplace.com.au or call on 7231 1772

The Variety Incorporated Subsidy Program Officer on subsidy@dannysplace.com.au