



REQUEST FOR FUNERAL ASSISTANCE
(PERSON WITH LIMITED FINANCIAL RESOURCES)

(Please complete all sections and send to the Funeral Assistance Program on fax: 8226 7047)

SECTION A				DETAILS OF THE DECEASED			
Surname		Given Names		Date of Birth		Date of Death:	
Place Registered: eg Hospital/Coroner				Cause of Death:			
Place of Birth:			Cultural Group:		Clan:		
Residential Address of the Deceased:					Religion (if any):		
Accommodation Type: <input type="checkbox"/> Public Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Owner <input type="checkbox"/> Nursing Home <input type="checkbox"/> Homeless <input type="checkbox"/> Other (please specify)				Partnership Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced ("Domestic Partner" includes opposite sex <i>de facto</i> relationships, same sex <i>de facto</i> relationships and people who live together as close companions or life partners)			
Income type:				Pension or Benefit No:			
Last Will & Testament: <input type="checkbox"/> Certified copy attached <input type="checkbox"/> No known Will <input type="checkbox"/> Other (please specify)				Name of Executor:		Phone No:	

DETAILS OF THE FUNERAL

Name of relative or advocate (for Funeral Director to contact):		Phone No:
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Note: The Funeral Assistance Program only provides for cremation, and not burial, except in exceptional circumstances. For further information please contact program staff on 1300 762 577.

Has a funeral already been arranged for deceased? Yes No

If yes, name of funeral director: (please attach copy of funeral director's account)

If no, where is the deceased currently located?

Transfer/Transport Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
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IMMEDIATE RELATIVES* OF THE DECEASED

* Immediate relatives are the spouse, domestic partner, father, mother, son and daughter of the deceased (not siblings). The names and addresses of all immediate family members and their source of income must be provided below. If there are additional immediate relatives, please attach a further sheet.

SURNAME AND GIVEN NAMES	ADDRESS	PHONE NO	RELATIONSHIP TO DECEASED	INCOME TYPE	CRN/DVA NO.

PLEASE WRITE THE NAMES AND AGES OF ANY DEPENDENT CHILDREN* OF THE DECEASED BELOW:

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* 'dependent children' includes children under the age of 16 years and full-time students between 16-24 years who attend school, college or university, and children between 16-18 years who receive a Commonwealth Youth Allowance, Sickness Allowance or Special Benefit.

DETAILS OF THE DECEASED'S ASSETS

TYPE		DETAILS	VALUE \$
Did the deceased at the date of death:			
Have money in a financial institution such as a bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much money is in the deceased's account/s?	\$
If yes to the above, what is the name of the deceased's bank or credit union?		Account number/s branch/es: (please attach bank statements with form)	
Have any personal assets: eg. a motor vehicle, boat, camera, jewellery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please specify):.....	\$
Have life insurance/superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, policy or member number:	\$
Have shares, property, investments, other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please specify):	\$
TOTAL VALUE OF THE DECEASED'S ASSETS			\$

SECTION B DETAILS OF THE APPLICANT REQUESTING ASSISTANCE

SURNAME		GIVEN NAMES			DATE OF BIRTH	
Applicant's Residential Address		No.	Street Name	Surburb/Town	Postcode	Telephone
Postal Address						
Email Address						
Relationship to Deceased: <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Mother/Father <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other (please specify)						

Complete Income Type below if you are an immediate relative of the deceased (spouse/partner, father/mother, son/daughter)

Your Income Type:	Your Pension or Benefit No:
Has a Centrelink or Department of Veterans Affairs Bereavement Payment been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF IMMEDIATE RELATIVES' ASSETS

TYPE		DETAILS	VALUE \$
Do any of the deceased's immediate relatives:			
Have more than \$3000 in a bank or other financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
If yes, name of bank or credit union:		Account no/s and branch/es: (Please attach bank statements)	
Have personal assets? eg. boat, camera, jewellery	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please specify):	\$
Have shares, property, investments, other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(please specify):	\$
TOTAL VALUE OF ASSETS			\$

SECTION C AUTHORITY AND DECLARATION

I authorise my referral agency, advocate, funeral director or banking institution both past and present to release to the SA Department for Communities and Social Inclusion (DCSI) information that may be required to assess and/or confirm my eligibility for funeral assistance with Centrelink or Department of Veterans' Affairs. I also authorise DCSI to provide my referral agency, advocate, funeral director or banking institution both past and present with information that may be required to assess and/or confirm my eligibility for funeral assistance with Centrelink or Department of Veterans' Affairs. This authority is on-going and will enable DCSI to assess and confirm my eligibility for funeral assistance.

If I revoke this authority, I acknowledge that I may not receive funeral assistance that would otherwise be provided to me by DCSI.

- I declare the following;**
- All details provided by me on this form are true and correct.
 - I will notify DCSI immediately if the information I have provided in this application for the concession changes, OR to revoke this authority.
 - I understand that I will be liable to repay to DCSI the costs of the funeral if funds become available through finalisation of the estate, a federal government payment such as the maternity payment (if it relates to the birth of the deceased) or if I am a beneficiary of any superannuation entitlements of the deceased.
 - I understand that it is an offence pursuant to Section 250 of the Family & Community Services Act 1972 to obtain or attempt to obtain a concession by means of false pretence and that such an offence carries a fine or term of imprisonment.

Signature: _____ **Date:** ____ / ____ / ____

SECTION D DETAILS OF ADVOCATE COMPLETING APPLICATION FORM

Officer Completing Form:	Title:
Name of Agency:	Address & Phone No:
Verbal Consent given by Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form sent to applicant for signature: <input type="checkbox"/> Yes <input type="checkbox"/> No
Advocate's Signature:	Date form completed:
<input type="checkbox"/> Declaration signed by applicant OR <input type="checkbox"/> Consent given by applicant and <input type="checkbox"/> Form sent to applicant for signature	<input type="checkbox"/> Centrelink e-confirmed <input type="checkbox"/> Copy of concession card attached <input type="checkbox"/> Copy of bank account statements attached
DC Officer: _____ Office Code: _____	

