

**Permanent Care and Adoptive Families**

PO Box 201, Fitzroy VIC 3065

**(**03) 9020 1833 info@pcafamilies.org.au

www.pcafamilies.org.au flexifunding@pcafamilies.org.au

**Flexible Funding Program – Agency Referral**

Please return relevant documentation to: flexifunding@pcafamilies.org.au

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| **Checklist** – It is imperative that you attach these documents when making your application so that we can commence the funding process without delay.**⬜** Quote *(****must*** *be made payable to:* ***OzChild; PO Box 1312; South Melbourne; VIC; 3205****) and attached to this application***⬜** Copy of Permanent Care Order & one DHHS care allowance remittance attached to this application**⬜** Join carer to PCA Families membership for further support, newsletters? |

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| **Referrer Name and Agency:** |
| **Date of claim:** | **Referrer contact number:** |
| **Referrer email:** |
| **Stipulate if other than PCO: e.g. Family Law Court/Special needs adoption.** [To apply for flexi-funding, carer must receive DHHS Payments] |

**PCO Parent 1, contact details:**

Name:

Address:

Phone:

Email:

**PCO Parent 2, contact details:**

Name:

Address:

Phone:

Email:

**Please provide each child’s Permanent Care Order (PCO) number and date finalised in court.**

Name PCO# Date

Name PCO# Date

Name PCO# Date

**Are any of the children Aboriginal or Torres Strait Islander?** Yes **⬜** No **⬜ If yes, how many \_\_\_\_\_**

**Have you tried other avenues for payment of this service/product or item?**

*Eg. SWEP, NDIS, State School Relief Fund, Rotary*

**Has the family ever received philanthropic trust funding? Yes ⬜ No ⬜**

If yes, please provide information on trust.

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| **Does the carer presently receive any additional funding or support from DHHS? If so please specify**  |

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| **Is the carer receiving Victorian DHHS Care Allowance?** Yes **⬜** No **⬜****If yes, what level or amount is the carer receiving $**  |

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| **Snapshot of family circumstances and background regarding this funding application:****Please include the number of children this application will support.** |

**Funding Category:** Please identify the area which best suits your need for financial assistance

**⬜** Attachment and continuity of care support **⬜** Health and Medical needs

**⬜** Educational support **⬜** Respite care

**⬜** Cultural identity needs **⬜** Child care costs

**⬜** Vehicle requirements **⬜** Home renovation requirements

**⬜** Birth parent, sibling and family access and/or support

**⬜** Therapeutic needs of a child due to trauma or a history of abuse

**⬜** Other essential services to support the placement

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| **How much does the product/item or service** **cost? Please list all items / services.****$****$** |

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| **What goals and outcomes are you wishing to achieve for the family with a funding package?** |

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