

# Carer's Assistance Program Application Form



AMYAC Charitable  
Trust

① AM-YAC Member Name:

② Date of Birth:

③ Home/Postal Address:

④ Phone number:

⑤ Carer's Name:

⑥ Phone number:

⑦ Carer's Home/Postal Address:

⑧ Relationship to member who requires care:

### Assistance Request Details?

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**\*Important\*** please read below for requirements for your application:

**Medical letter from a doctor** – You must attach your appointment notes including doctor's letter and details about the medical condition.

**PATS** – Funding will only be provided if other community or government funding (eg. PATS) cannot be obtained and documentation of this may be requested.

I confirm I have attached the **required information as requested above**. I declare that the above details are true and correct. I agree that I have sought reimbursement from the PATS scheme and any money received from the PATS scheme is to be reimbursed to the AMYAC Trust. I agree to the information in this form being shared with the Advisory Council members of the AM-YAC Charitable Trust if required for the application approval process.

Signed

Date

Please send completed form and documents to:

Email: [trust@amyac.com.au](mailto:trust@amyac.com.au)

Fax: (08) 8363 3939