



Equipment for our  
children with disabilities



THE DISABILITY  
TRUST

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[info@disabilitytrust.org.au](mailto:info@disabilitytrust.org.au)

## Kids Fund Application Form

<b>Application Details:</b>			
Child's Name:	Date of Birth:    /    /	Age:	
Address:			
Suburb:	Postcode:		
Diagnosis:			
<b>Parent/Carer Details:</b>			
Parent/Carer's Name:		Relationship:	
Phone:	Email:	Mobile:	
<b>Health Care Professional's Details:</b>			
Name:	Report Attached:		YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:			
Suburb:	Postcode:		
Phone:	Email:	Mobile:	

To be considered for funding through Kids Fund you must provide formal **Documented Evidence** that all other avenues for funding have been exhausted eg Enable, Better Start, HCWA, Sydney Childrens Hospital, Westmead Hospital, Variety? Please provide details and attach the required documentation to ensure that your application is processed.

**A Health Care Professional's report must be attached for each item detailing clear evidence that each piece of equipment has been trialed and assessed for suitability. Evidence of a therapeutic program also needs to be attached that clearly outlines the goals for use of the equipment and ongoing support to be provided by the Health Care Professional.** Please outline below the cost and supplier of the requested equipment, service or resource. **This must be based on at least two written current quotes. The quote must be attached to this application form.**

Description Of Equipment/Service	Supplier(s)	EnableNSW Class	Cost Quoted

Family Contribution (min \$100.00 required) Amount: \$ \_\_\_\_\_

Total Amount of Funding Requested After Contribution: \$ \_\_\_\_\_

## Use Of Funding

(i) Please outline the equipment, service or resource you are requesting funding for:

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(ii) How will this funding make a difference in caring for your child and/or in improving your family's well-being?

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(iii) Would there be any ongoing or future costs associated with the purchase of this equipment? *If yes, are you able to meet these costs?*

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(iv) **Other Significant Factors?** *Please detail any other factors you feel the Committee should take into account in assessing this application e.g. housing difficulties, other medical concerns, impact on siblings, social issues or other financial factors*

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**Email completed applications to: [kidsfundapplications@disabilitytrust.org.au](mailto:kidsfundapplications@disabilitytrust.org.au)**

Before sending your application are:

- All questions answered?
- Have you attached formal Documented Evidence of other funding applications/replies?
- Have you attached a copy of a relevant Health Care Professional's report?
- Have you attached a copy of at least two current quotes per item?
- Total Cost indicated on front page?

### **Consent Form**

I \_\_\_\_\_ agree the equipment/aides are essential for my child's \_\_\_\_\_ ongoing health and well being.

I \_\_\_\_\_ consent to the information contained in this application being shared with the Kids Fund Allocation Committee and EnableNSW service.

I \_\_\_\_\_ understand that my therapist maybe asked to give feedback of my child's \_\_\_\_\_ use of the equipment/aides from the Kids Fund Allocation Committee.

#### **ALL REUSABLE ITEMS REMAIN THE PROPERTY OF KIDS FUND**

We undertake to ensure any reusable items are returned in good order to The Disability Trust for reallocation through KIDS Fund when no longer required.

Name (Parent/Carer): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_