



CYSTIC FIBROSIS QUEENSLAND INC.

ABN: 97 010 549 667 (DGR Endorsed)

**Accommodation Assistance
Program Application Form**

07 3359 8000

FREECALL: 1800 670 990

claims@cfqld.org.au

Our Accommodation Assistance Program assists members who have cystic fibrosis who live in rural or remote QLD, the NT or northern NSW to have the support of their immediate family while attending cystic fibrosis related overnight appointments and/or hospital stays in Brisbane clinics.

Please read the details on page two for the terms and conditions and how to apply

Section 1: Applicant Details		
Name of person with cystic fibrosis.		Clinic:
Name of Parent/Guardian (if person with cystic fibrosis is a child)		
Email:		Phone:
Address:		
Suburb / Town:	State:	Postcode:

Section 2: Request Details		
Treating hospital:		
Name of Clinical Coordinator/CNC:		
<input type="checkbox"/> Yes, you have my permission to confirm my clinic/admission date with my treating hospital		
Clinic/hospital admission date:		Clinic/hospital discharge date:
Accommodation check in date:		Accommodation check out date:
Accommodation required for:	Name:	Relationship to person with cystic fibrosis:
	Name:	Relationship to person with cystic fibrosis:
<input type="checkbox"/> Please reimburse me \$25 per night in addition to my Govt subsidies to a maximum of \$100 each booking - a copy of the accommodation tax invoice is attached and evidence of my subsidy claim. My bank account details are below:		
Name of Bank:		Account name:
BSB:		Account number:

Privacy and Consent

I agree to the collection of the data on this form by Cystic Fibrosis Queensland and acknowledge that all personal information provided on this form will be recorded by Cystic Fibrosis Queensland and used for purposes associated with its service and business operations/events. It will not be provided to any other person or organisation, without my prior consent, unless required by law. The Cystic Fibrosis Queensland privacy policy provides information on how to access your personal information held by Cystic Fibrosis Queensland and how to seek correction of such information if required. The privacy policy also contains information about how to make a complaint about any breach of privacy legislation.

How to apply

1. Complete all sections of the Accommodation Assistance Program application form.
2. Return the completed form, along with evidence of your out of pocket expenses in addition to your Government subsidy to Membership and Services – claims@cfqld.org.au or PO Box 459 Ashgrove West, QLD 4060.

Terms and conditions

You must:

- Be a financial or life member of Cystic Fibrosis Queensland
- Have cystic fibrosis or be the primary support of a person who has cystic fibrosis
- Be a resident of rural and or remote QLD, the NT or NSW
- Require the accommodation for a cystic fibrosis-related hospital visit or clinic.
- You will be reimbursed for \$25 per night to a maximum of \$100 each booking.
- It is expected that you will have also accessed reimbursements through your state Government scheme and include evidence of this in your claim to Cystic Fibrosis Queensland.
- A copy of the tax invoice received upon accommodation payment.