

### **Purpose:**

Provide funding or a contribution to meet pressing financial obligations, an equipment purchase, a professional assessment/intervention and/or improvement of quality of life for current Mercy Services clients, volunteers and staff.

Preference will be given to people who:

- ◆ have secured funding for part of the expense from themselves or another source; and/or
- ◆ provide three quotes to allow for verification of the cost.

### **Exclusions:**

Funds are generally not available for:

- ☒ expenses that the person's usual income or an advance of that income could be expected to cover; or
- ☒ expenses that can be met by another source.

### **Process:**

1. Read the Application Form and the rest of this brochure.
2. Complete the Application Form.
3. Post or hand deliver the Application Form (*and any attachments*) to Mercy Assistance Fund C/o 32 Union St., Tighes Hill 2297.
4. The Mercy Services office will notify the Chairperson who will call a meeting of the Mercy Assistance Fund Committee at the earliest opportunity (*usually within a fortnight*).
5. The Mercy Assistance Fund Committee will meet and discuss the application. This Committee will seek additional information from the applicant if needed.
6. The Mercy Assistance Fund will make a decision on funding the application. The Chairperson will notify the applicant either by phone or post.
7. A cheque or electronic funds transfer will be made to the applicant or specified supplier.

21-9-16 version



## Mercy Assistance Fund



*In your time of need  
we will help you  
as much as we can.*

# Assistance Fund Application Form



Mercy Services

Name: .....

Address: .....

Phone: ..... Alternative phone: .....

## What is your connection with Mercy Services:

- client (for .....number of years)
- volunteers (for .....number of years)
- staff (for .....number of years)

## For what purpose do you need assistance?

- Financial obligations,
- Equipment purchase,
- Professional assessment/intervention, and/or
- Improvement of quality of life.

Please describe what you will use the funding for: .....

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How much money do you need? .....

- Attach proof of the cost (quote, invoice, letter etc.)

How much money will you or other sources contribute? .....

## From what other sources have you tried to get financial assistance:

- An advance from your usual income (Mercy Services payroll, Centrelink etc.)
- Loan from bank or other financial institution
- No Interest Loan Scheme
- McAuley Education Fund (for client education/training expenses)
- Government funded program (specify) .....
- Insurance
- Negotiated repayment with creditors
- Emergency Relief
- Access to savings/superannuation
- Other (specify) .....

\* Please return this form to: Mercy Assistance Fund C/o 32 Union St., Tighes Hill 2297