



Mental Health Carer Support Fund Application Form

This application form is to be used when applying for funds through the **Mental Health Carer Support Fund** to assist a carer of a person who is receiving services from your area mental health service.

Once the application form is complete please fax it with any associated paperwork for example the supplier invoice to the Carer Support Fund Administrator, Victorian Mental Health Carers Network on 03 8803 5599 or email it to carersupportfund@carersnetwork.org.au

The Carers Network will then process the application.

If you have any questions about the completion of this form or the **Mental Health Carer Support Fund** in general please email carersupportfund@carersnetwork.org.au or call 03 8803 5555.

How does this item meet the carer's needs?

Consumer Details

UR Number

Gender Male Female

Date of birth //

Carer Details

I have discussed the Carer Support Fund application with the carer. I am satisfied that they have understood and consented to the release of their name and contact details to the Carers' Network solely for the purpose of processing their application.

Yes No
Please tick

Title (Mr, Miss, Mrs, Ms etc)

Family Name

First Name

Address

Postcode

Email

Phone

Item and Supplier Details

Item description (only one item per application)

Quantity

Price \$. incl. GST

Please note: A supplier may include an area mental health service or carer requiring a reimbursement.

Company Name or Last Name

First Name
Leave blank for a company

Address

Postcode

ABN

If applicable

Supplier Invoice Number

Please include a copy of the receipt, invoice or quote in fax to 03 8803 5599 or email to carersupportfund@carersnetwork.org.au

Payment Details

Payment to be made to

Supplier Area Mental Health Service Carer

Payment to be posted to

Supplier Area Mental Health Service Carer

Bank Details for Electronic Funds Transfer to Suppliers (if required)

BSB

-

Account No

Account Name

Area Mental Health Service Details

Service Name

Location

Program Type

Adult Aged CAMHS Other

Applicant Details eg. Case Manager, Carer Consultant, Clinician etc

Title (Mr, Miss, Mrs, Ms etc)

Family Name

First Name

Email

Phone

Position

Signature

Date / /

Approver Details

Title (Mr, Miss, Mrs, Ms etc)

Family Name

First Name

Email

Phone

Position

Signature

Date / /

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Office use only

Date received / /

Date processed / /

Documents attached Yes No

Application No

Date payment authorised / /

The Mental Health Carer Support Fund is administered by the Victorian Mental Health Carers Network

P.O. Box 187 Hawthorn 3122 Tel: 03 8803 5555 Fax: 03 8803 5599 www.carersnetwork.org.au