



DISABILITY SUPPORT FUND

(For people with a psychiatric disability)

GUIDELINES FOR APPLICANTS

The Disability Support Fund has been established to assist people with a mental illness access community based health, social, recreational and vocational options which would not otherwise be possible. The Disability Support Fund is the only one of its kind in Victoria.

WHO CAN APPLY

Applications will be accepted from individuals, case managers, service providers and carers. Applications are restricted to those located within the Barwon South West Region. The region covers the areas comprising of the shires of Glenelg, Moyne, Southern Grampians, Corangamite, City of Warrnambool, Colac-Otways, Surf Coast, the City of Greater Geelong and the Borough of Queenscliff.

ACTIVITIES SUPPORTED

Assisting individuals or groups to access

- (1) Community based activities, programs, services
- (2) Services within the community ie. Neighbourhood Houses
- (3) Specific short term projects with clear outcomes ie. - independent living skills, attending recreational and vocational options
- (4) Opportunities which promote self direction and choice ie. self development course
- (5) Rehabilitation programs designed to enhance the participant's personal skills and social relationships
- (6) Community based programs via the purchase and maintenance of equipment.

ACTIVITIES NOT SUPPORTED

- (1) Projects that require long term or ongoing funding from the Disability Support Fund.
- (2) Projects which have no clear outcome or focus
- (3) Projects where other funding and / or services exist.
- (4) Projects that have already been paid for.

SCOPE OF SUPPORT

- (1) Applicants are strongly encouraged to read the guidelines carefully.
- (2) Generally, funding will only be granted to individuals once per annum*, but if you would like to apply for additional funding please contact the Project Officer to discuss your ideas.
- (3) The Project Officer may approve applications, (subject to funding guidelines) to a maximum of \$250.00. Applications between \$250.00 and \$500.00 need to be discussed with the Coordinator of Barwon Disability Resource Council and co-approved by her. For applications over \$500.00 and below \$1,000.00 the Project Officer needs to contact 3 panel members and obtain their approval. Applications over \$1,000.00 need to be presented to the full panel that meets monthly.

Group applications will only be considered monthly.
- (4) Applications that are not funded have the option of being maintained as an active application. This means the application could be considered for funding in subsequent months. However, due to budgetary reasons or because other projects are seen as having a priority, funding may not be possible.
- (5) The budget available to the fund per month is approximately \$5,000, across the entire Barwon South Western Region.
- (6) There is a maximum of \$5,000 per application.

PROCESS FOR COMPLETING APPLICATION FORM

1. Contact the Project Officer (Carmel Hendriks) to discuss your proposal.
2. All applications must be completed in the same format as the application form provided.
3. It is the responsibility of the applicant to provide full and accurate details as required on the application form. Details of what information is required to complete questions appear with each question on the application form.
4. Faxed applications will be received as long as the original hard copies are forwarded within 5 days.
5. Applicants will be advised of the success of their application within 14 days of the regional panel meetings but where possible sooner.
6. All of the funds granted by the Disability Support Fund must be expended on the exact purpose detailed in the application. Any change or unexpended cheques must be returned to the DSF within four weeks of receiving funds.

Contact Details: Carmel Hendriks
48 McKillop Street, GEELONG VIC 3220
Telephone : (03) 5221 8498 Mobile : . 041 732 3396
Rural Toll Free: 1800 626 724 Facsimile : (03) 52 295 665
Email dsf@bdrc.org.au

*defined as being a calendar year

Application For Funding

Applications can be submitted in neat black / blue print. Typed applications will also be accepted; provided the format of the form is followed. Applicants must use this format and may include 1 additional page.
Please include 9 copies for Group applications.

PLEASE COMPLETE ALL QUESTIONS ON THE APPLICATION FORM

Consumer Details:

Name -----

Address -----

Suburb----- Post Code-----

Contact Telephone Number -----

Age----- Gender-----

Please tick if applicable

- The applicant has a clinical case manager through Psychiatric Services
- The applicant sees them regularly to discuss their goals
- The applicant has a support worker

Is the applicant on the Disability Support Pension or other Centrelink payment?

Yes No

Give details of type of payment:

Please tick applicable boxes

Does the applicant have a multiple disability

Yes No

Please tick applicable boxes

Does the applicant live in supported accommodation provided by a disability service

Yes No

DETAILS OF CASE MANAGER OR PERSON SUPPORTING APPLICATION

(This section must be completed)

Name: _____ Title _____

Service: _____

Postal Address: _____ Suburb _____

Post code _____ Contact Number: _____

Email: _____

Date: _____ Signature _____

* In signing this application you are stating that you believe the grant is directed to assisting the consumer within the terms of the attached guidelines. You also attest that the applicant understands the guidelines of the fund.

Question Three

(a) Demonstrate how the funding of this application would directly link this person into the community as outlined in guidelines. (b) Demonstrate, by example the applicant's potential to use the funding effectively.

AUTHORISATION

No application will be accepted unless the authorisation statement is completed in full.

I affirm that any funds provided, will be expended in accordance with the Disability Support Fund guidelines and this application proposal, and I agree that a financial completion report will be provided at the end of the project.

Consumers name _____ Signature _____

Case managers / service provider name (If relevant) _____

Signature _____ Date ____/____/____