

## FY 23-24 Martidja Banyjima Emergency Crisis Accommodation Form

### Member Details – this section must be completed

To be eligible for this assistance, an applicant must meet the beneficiary criteria as follows:

1. A registered MIB (non-IBN) beneficiary; and
2. Birth child recognised under the above membership

Members Full Name (including middle name)

Date of Birth

 /  / 

Contact Phone Number

Tick (✓) if 'yes'

- This is my current number, please update my record  
 This is a temporary number, please do not update my record

Email

The following are my current contact details and should be updated on my record:  Tick (✓) if 'yes'

Residential Address

Suburb

State

Postcode

Postal Address (if different to residential address)

Suburb

State

Postcode

## Assistance and Support for Emergency Crisis Accommodation

Please tick (✓) which item(s) you would like assistance with:

- |  |  |
|--|--|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Fuel              |
| <input type="checkbox"/> Flights       | <input type="checkbox"/> Personal Hygiene  |
| <input type="checkbox"/> Clothing      | <input type="checkbox"/> Infant Essentials |
| <input type="checkbox"/> Food          | <input type="checkbox"/> Child Essentials  |

**\*\* Limited for crisis situations when evacuated in an emergency \*\***

Please note: this policy is narrow in scope and only applies to the person or persons evacuating a household or current living situation. MIB adult beneficiaries who are the parents of MIB children are eligible to apply for assistance in respect of their children upon proof of connection via a birth certificate. A beneficiary may access the Policy a total of five times in FY2023.

## Assessment

To access this policy, you will be required to provide evidence which may include, but is not limited to:

- Medical documentation and reports;
- Police reports;
- Domestic Violence Restraining (DVR) and other orders;
- A support letter from a Counsellor, Psychologist or Psychiatrist;
- A support letter from a Real Estate Agent or Landlord (or proof of termination of tenancy, such as an eviction notice);
- Crisis support letter from a not-for-profit charity;
- A support letter from a rehabilitation facility; and or
- A Power of Attorney letter or any other relevant legal documentation.

## Exclusions

Excluded items include but are not limited to the following:

- Payment for household bills;
- Payment for rental arrears;
- Payments for liabilities and damages to property;
- All electronics including electronic devices;
- Vehicle repairs (including tyres) registration and maintenance;
- Purchase and modifications of everyday vehicles;
- Associated everyday living costs (such as rent, utilities);
- Mobile phones and costs associated with phones such as phone credit;
- Mobile housing;
- Removalist costs;
- Cleaning services;
- Day-care and afterschool care;
- Health, Sports and Recreational activities;
- Pet costs; and
- Pharmaceuticals (unless prescription medication).

## Beneficiary Allowance

- Up to \$5,000.00

Details of request (no cash payments or reimbursements)

Items	Supplier	Phone	Invoice / Quote No (#)	Amount
Total:				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Checklist of required documentation

Please tick (✓)

- Birth certificate of children under 18 years (required to show biological link to beneficiary)
- Evidence and supporting documentation
- Quotes / invoices for items requested

If any supporting documentation has not been included, BNTAC will contact the member to advise. This may delay processing of the application. BNTAC will make several attempts to contact the member. If a response is not received from the member within one month, the application will lapse and become inactive. If the member wishes to proceed with the application at any time, they should contact BNTAC to reactivate the application. Updated support documents may be required at this time.

## Declaration

I declare that the information I have provided above is true, complete, and accurate. I authorise BNTAC to speak to any interested parties about my application. BNTAC will not provide confidential or sensitive information to interested parties without explicit consent from myself. I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other Banjima beneficiary.

Signature

X

Date

/

/

Please send the completed form to:

Email: ms@bntac.org.au  
 Fax: 08 9216 9898  
 Post: BNTAC, PO Box 6278 WA, 6892  
 In person: Level 1/165, Adelaide Terrace, East Perth WA 6004  
 For further information please contact BNTAC on 9216 9888