HeartKids of SA
PO Box 364
North Adelaide SA 5006
www.heartkidssa.org.au
Tel: 08 8269 3122

ATTACH RECEIPT HERE

Travel Assistance Fund Claim Form

The HeartKids Travel Assistance Fund is designed to help meet the out of pocket expenses for accommodation only when travelling for cardiac surgery or treatment.

To be eligible, your child must have been admitted to, or an inpatient of, either an Adelaide hospital or an interstate hospital, or you are required to travel more than 100km to attend your child's cardiac clinic. AND you must be a member of HeartKids.

By completing and submitting this form you will automatically become a member of HeartKids. If you do not wish to become a member of HeartKids please do not apply for this travel assistance subsidy.

If your child is admitted to a hospital in Adelaide or Darwin and then transferred to an interstate hospital, please use a separate form for each admission. If you have questions regarding this form please call the HeartKids office on 08 8296 3122.

Reimbursement Criteria – please indicate (tick) which applies:

☐ Inpatient at an interstate hospital for cardiac surgery/treatment

☐ Inpatient at an Adelaide hospital for cardiac surgery/treatment

Amount Requested (*a limit of $300 applies*): $.....

Or

☐ Attending a clinic that is more than 100km from my primary place of residence

Amount Requested (*a limit of $150 applies*): $.....

Original receipts (no photocopies) must be attached for claims to be considered. Applications are granted subject to availability of funds and granted on a case by case basis. If you would like your claim to be paid directly into your bank account, please provide us with your bank details in the space below, otherwise a cheque will be sent to you in the post.

Account Name		Account Number	
Bank		BSB	

Parent / Guardian's Name:.....

Name of the child requiring treatment/surgery:.....

Child's Date of Birth:..... Gender: **Male / Female**

Home Address:.....

Suburb:..... State:..... Postcode:.....

Home Ph:..... Work Ph:..... Mobile:.....

Email:.....

Postal Address (*if different from Home Address*):.....

.....

Suburb:..... State:..... Postcode:.....

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The following information will help HeartKids to support and assist other families.

1. Are you or your partner of Indigenous or Torres Strait Islander descent: **YES / NO**
2. Please provide a brief description of your child's surgery/treatment:.....
3. Date you left home for treatment/surgery:.....
4. Scheduled date of your child's admission:.....
5. Scheduled date of your child's treatment/surgery:.....
6. Was your child's treatment/surgery cancelled: **YES / NO** If **YES** how many times:.....
7. Actual date of your child's surgery:.....
8. Date you left the place of your child's treatment/surgery to return home:.....
9. Did a spouse or sibling stay at home while you travelled for treatment/surgery? **YES / NO**

   If **YES**, please provide us with some details:.....
10. How many days in total were you separated from your spouse or other children?.....
11. Are you currently a member of HeartKids? **YES / NO**
12. Would you like to receive a phone call from a HeartKids Family Support Coordinator? **YES / NO**

By signing this form you agree to become a member of HeartKids and agree to the objects of the association as set out in the association's constitution.

Signature: ..... Date: .....
(Applicant)

This following section is to be completed by your referring or attending SA or NT Cardiologist, Clinical Practice Consultant or WCH Cardiac Social Worker

Medical Centre / Hospital Attending:.....
Address:..... Postcode:..... State:.....
Name:..... Position:.....
Signature:.....

Please return the completed form to;

HeartKids of SA
PO Box 364
North Adelaide SA 5006

Office Use Only

Receipt Attached: **YES / NO** **TAF#**.....
Signed by Medical Specialist: **YES / NO**
Reimbursement Approved: **YES / NO** Amount:.....

Signed and approved on behalf of the HeartKids of South Australia Inc

Approved By:..... Date:.....
Signature:..... Position:.....
Reply Letter Sent: **YES / NO** Date:.....