



Need help to support your child?

Flexible Funding Program – Carer Application Form

Email to flexifunding@pcafamilies.org.au OR post to P O Box 201, Collingwood 3066

Please note: A Worker will contact you within 14-21 days to discuss your application.

If the matter is urgent please phone us on 03 9020 1833. If the support you are after is not financial please call and ask for our Helpline.

Checklist –if possible please attach Permanent Care Order (Form 32 or 34) for each relevant child and a quote/s (if available) with your application so that we can commence the funding process.

Copy of Permanent Care Orders (not the certificate) (for first applications only)

Quote for service/goods requested

Please provide your contact details:

PCO Parent / carer 1

Name: _____

Address: _____

Phone: _____

Email: _____

PCO Parent / carer 2

Name: _____

Address: _____

Phone: _____

Email: _____

Please provide each relevant child on a PCO's name and date of birth

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Are any of the children Aboriginal or Torres Strait Islander? Yes No If yes, how many _____

Is this your first application? Yes No

Are you receiving a Victorian DHHS Care Giver Allowance? Yes No

Can you tell us what other avenues for payment of this service/product or item you have tried
E.g. SWEP, NDIS, State School Relief Fund, Rotary

Please tell us if you presently receive any additional funding or support from DHHS. If so, please specify

Please list each item/service you are seeking. Please tell us the costs of each and attach quote(s) if available.

1. _____

2. _____

3. _____

4. _____

Please identify the area which best suits your need for financial assistance

<input type="checkbox"/> Health and Medical needs	<input type="checkbox"/> Respite care
<input type="checkbox"/> Educational support	<input type="checkbox"/> Childcare costs
<input type="checkbox"/> Birth parent, sibling and family access and/or support	<input type="checkbox"/> Creative/Recreational
<input type="checkbox"/> Therapeutic needs of a child due to trauma or a history of abuse	<input type="checkbox"/> Cultural identity needs
<input type="checkbox"/> Other _____	

Can you tell us what is happening for your family that has led to your application

Please advise the number of children this application will support? _____

If you would like additional information or assistance in filling in this form, please contact Permanent Care and Adoptive Families on 03 9020 1833.