At Home Care Grants Application Form (updated 2024)

Form Preview

Application Instructions

Grant Round

Please complete parts 1 to 6 of the application. After you have completed **2.1** you can save your application and complete it at a later date. If your application is incomplete on the closing date it will not be eligible for consideration.

You will not be able to submit your application before you have finished all parts and attached your supporting documentation. Every question with a red star requires a reponse.

Please refer to the question tips and information guide for a first port of call of assistance with this application. Please call Youngcare on 1800 844 727 if your questions are unanswered.

Part One - Eligibility (to proceed you must answer Yes to all)

* indicates a required field

1.1 Does the applicant have a diagnosis of a permanent physical disability causing extreme functional impairment? *

- ○ Yes
- ○ No

1.2 Is the funding you are applying for essential to the applicant remaining at home, or will it significantly impact their quality of life? *

- ○ Yes
- ○ No

1.3 Is the applicant aged between 16 - 65 years? *

- ○ Yes
- ○ No

1.4 Does the applicant require a wheelchair to mobilise? *

- ○ Yes
- ○ No

1.5 If you are not the applicant, do you have full permission/consent to complete this form on their behalf? *

- ○ Yes
- ○ No

If you have answered no to one or more of the questions above, you may not be eligible for funding. Please call 1800 844 727 for more information.

Part Two - Details of Applicant, NGO and Next of Kin

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* indicates a required field

Who is making this application? *
○ Individual making this application on my own behalf (or a Family Member or Worker assisting the Individual)
○ Organisation who is making this application on behalf of the applicant (Funds paid to the organisation to administer)
Please select one. (Please note: Only select Organisation if your Organisation is happy to accept the Grant payment and administer on the Applicants behalf. If not, select Individual and you are then assisting them to apply on their own behalf)

Choose the option that best represents your relationship to the Applicant *

2.1 Applicant Details

To be eligible for an At Home Care Grant the Applicant must meet the following criteria:

1. Have a diagnosis of a permanent physical disability with extreme functional impairment
2. Aged between 16 and 65 years of age, at the time of application
3. At risk of entering inappropriate housing

Ineligible applicants

1. Individuals under 16 years or over 65
2. Individuals requiring palliative care
3. Individuals living with a condition not recognised as a permanent disability

Grants awarded to individuals without the support of an organisation will be paid directly to a supplier or service provider.

The individual is responsible for obtaining a valid GST invoice addressed to Youngcare Ltd for the amount of the grant (plus GST) from the supplier or service provider whose quote was used as part of a successful funding application.

Home modifications need to be organised and managed by the individual (or legal guardian). An agreement needs to be established regarding the maintenance and care of the modifications. This is the responsibility of the individual (or legal guardian), and faulty or poor workmanship will need to be addressed by the individual (or legal guardian).

Hours purchased for short term accommodation and support workers under this grant will be managed by the individual (or legal guardian).

Name (of Person with Disability) *
Title | First Name | Last Name

Postal Address *
Address

Suburb | State | Postcode

Phone Number

Mobile

Email *

Confirm Email

Gender *
- ○ Female
- ○ Male
- ○ Prefer not to say

Date of Birth *

Must be a date

Age *

Must be a whole number (no decimal place) and between 16 and 65.
Must be a whole number and between 16 and 65

Do you have a legal guardian? *
- ○ Yes
- ○ No

Are you [the applicant] of Aboriginal or Torres Strait Islander origin? *
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, Both Aboriginal & Torres Strait Islander
- ☐ No

At least 1 choice and no more than 1 choice may be selected.

Is English the primary language spoken in your home? *
- ○ Yes
- ○ No

Are you an Australian citizen, permanent resident, or Protected Special Category Visa holder? (This is for data collection purposes only and will not effect Grant eligibility). *
- ○ Yes
- ○ No

2.3 Disability Type

*

- ☐ Acquired Brain Injury
- ☐ Amputee
- ☐ Anglemans Disease
- ☐ Autism
- ☐ Cerebral Palsy
- ☐ Dementia
- ☐ Devics
- ☐ Down's Syndrome
- ☐ Epilepsy
- ☐ Intellectual Disability
- ☐ Huntington's
- ☐ Fibromyalgia
- ☐ Mental Illness
- ☐ Motor Neuron Disease
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Polyneuropathy
- ☐ Spina Bifida
- ☐ Spinal Cerebral Ataxia
- ☐ Spinal Injury
- ☐ Stroke
- ☐ Tubular Sclerosis
- ☐ Spinal Muscular Atrophy
- ☐ Machado Joseph Disease
- ☐ Functional Neurological Disorder
- ☐ Friedreich Ataxia
- ☐ Ehlers Danlos
- ☐ Myalgic encephalomyelitis/ chronic fatigue syndrome
- ☐ Other:

You can select more than one type. If Other, please specify Disability type.

2.4 Organisation Details

To be eligible for an At Home Care Grant the supporting organisation must meet the following criteria:

1. Non-government organisations that currently provide care and support to young people living with a disability or other welfare services
2. Must be able to provide evidence of current Public Liability Insurance for no less than $5 million
3. Must be able to provide current financial records or a current annual report
4. Ideally have an existing relationship with the beneficiary of the grant

Successful organisations will have 12 months from the receipt of the funding to use and acquit the funding.

All of the funding received by successful organisations must be distributed, on behalf of Youngcare, for the direct benefit of the client.

Home modifications need to be organised and managed by the supporting organisation. An agreement needs to be established regarding the maintenance and care of the modifications. In most instances, this is the responsibility of the client/family. However, faulty or poor workmanship will need to be addressed by the supporting organisation.

Hours purchased for short term accommodation and support workers under this grant will be managed by the supporting organisation.

Name of Organisation *

Contact Person *

Title | First Name | Last Name

Position

Postal Address *

Address

Suburb State Postcode

Phone Number *

Mobile Number

Email *

Confirm Email

Financial Accounts or Current Annual Report *
Attach a file:

Public Liability Insurance for not less than $5 million *
Attach a file:

2.5 Legal Guardian

Name *
Title First Name Last Name

Relationship to Applicant *

Age

Are you the Applicant's Primary Carer? *
- ○ Yes
- ○ No

Postal Address *
Address

Suburb State Postcode

Phone Number

Mobile

Email

Confirm Email

2.6 Next of Kin / Advocate

Name
Title First Name Last Name

Relationship to the Applicant

Age

Are you the applicant's primary carer?
- ○ Yes
- ○ No

Postal Address
Address

Suburb State Postcode

Phone Number

Email

Confirm Email

Part Three - Applicant Needs

* indicates a required field

3.1 How long will the item you are applying for assist you to remain at home?

*
○ Up to 12 months
○ 1 - 5 years
○ More than 5 years

3.2 Current Disability Support Needs

Please tick all of the current care received on a daily basis (you can select more than one item).

Current Level of Care *
☐ 1. Medical care (Has nursing staff to monitor seizures, tracheostomy, PEG feeding, SPC, Pressure/bowel care, up to 24 hours per day care)
☐ 2. Personal care (Assistance with showering, toileting, dressing, mobility, feeding and transfers)
☐ 3. Supervision (Permanent monitoring and prompting, to ensure applicant cares for themselves, and/or monitoring for self-injurous behaviour)
☐ 4. Allied health care (Health support including physiotherapy, exercise, mobility, strength and balance, for condition with prospect of improvement or delaying further onset of symptoms)
☐ 5. Support services (Help with washing, ironing, house cleaning and basic home maintenance, and transport to help you do shopping, visit your doctor or attend social activity)
Must be at least 1 choice selected

Have your support needs increased in the last 12 months? *
○ Yes
○ No

Please explain your response.

Word count:
Must be no more than 100 words

3.3 Current Accommodation Situation

Where are you currently living? *
☐ Living with family members
☐ Living in supported accommodation (eg. SDA, SIL)
☐ Living in hospital or rehabilitation unit
☐ Living alone (with/without supports)
☐ Living in Aged Care
☐ Experiencing Homelessness
☐ Other:

Part Four - Item Details

* indicates a required field

4.1 Detail the item and/or service you wish to purchase with this grant

Please note that an assessment by an allied health professional is required for items listed under Equipment or Modification. Assessments must outline the suitability and need for the item selected, and be included with your application.

If you are applying for Services you will need to attach an outline of how these services will be used within a period of 12 months.

If you are unsure which category to choose please contact Youngcare on 1800 844 727.

What are you applying for? *
☐ Equipment (eg. air conditioning, towards vehicle, companion bed)
☐ Modifications (eg. bathroom, vehicle mods, flooring, ramps, doorway widening)
☐ Services (eg. allied health reports, therapy, support workers, short term accommodation)

4.2.1 Current Entitlements - Equipment

Please choose which equipment you would like to purchase with this grant. *

☐ Air-conditioning	☐ Generator	☐ Mattress	☐ Therapy aids
☐ Bed - Companion/ HiLo	☐ Hoist - Ceiling/ Electric/Manual	☐ Oxygen/Ventilation Equipment	☐ Vehicle contribution
☐ Bidet	☐ Hot water unit	☐ Shower chair	☐ Walker
☐ Cough Assist Machine	☐ Incontinence wear	☐ Standing frame	☐ Wheelchair - Manual / Powered
☐ Falls Alarm	☐ Kitchen items	☐ Suction Equipment	☐ Whitegoods - Fridge, washing machine, dryer

☐ Furniture - Basic ☐ Linen ☐ Technical aids ☐ Other:

Have you applied for funding through the NDIS or State Government for this equipment? *
☐ Yes - they will contribute towards it
☐ Yes - they declined to fund
☐ No - Have not applied
No more than 1 choice may be selected.

If Yes - they will contribute, how much funding are you able to receive towards the equipment?

Must be a dollar amount

If Yes - they declined - what was the reason given for declining?

If you have not applied for funding through the NDIS, please explain why not.

Must be no more than 50 words

Is this a new piece of required equipment or a replacement of an existing piece? *
○ New piece of required equipment
○ Replacement of an existing peice of equipment

If a replacement, please explain why

Word count:

Professional assessment required *
Attach a file:

4.2.2 Current Entitlements - Modification

Please choose which modifications you would like to purchase with this grant. *
☐ Access ramps ☐ Door modificatipns ☐ Floor resurfacing ☐ Vehicle modifications
☐ Bathroom modifications ☐ Driveway modifications ☐ Kitchen modifications ☐ Other:

Have you applied for funding through the NDIS for your modifications? *
○ Yes
○ No

If yes, how much funding are you able to receive towards the modification? If $0.00 funding approved by the NDIS, what reason did they give?

$

Must be a dollar amount

If you have not applied for funding through the NDIS, please explain why.

Must be no more than 50 words

Please describe how you have been managing at home to this point and what has changed to need this modification? *

Word count:

Must be no more than 100 words

Please describe your home situation? *

☐ Own home
☐ Private rental
☐ Public or Social Housing

If not your own home, do you have permission for the modifications being requested?

○ Yes
○ No

Professional assessment required *

Attach a file:

4.2.3 Current Entitlements - Services

Please choose which services you would like to purchase with this grant.

☐ Allied Health services
☐ Domestic assistance
☐ Functional Capacity Assessment
☐ Overnight Care
☐ Removal costs
☐ Short Term Accommodation (STA)
☐ Other:

Do you have this support/care services funded in your NDIS Plan? *

○ Yes
○ No

If yes, how many hours per week do you receive?

Must be a whole number and no more than 168

Have you applied to the NDIS for the Services you are requesting in this application? *
- ○ Yes
- ○ No

If yes, are NDIS providing any funding towards these services? If they declined please give reason.

If no, please explain why you have not tried the NDIS?

Must be no more than 50 words

Please describe your need for these services, and why this is essential? *

Word count:
Must be no more than 100 words

Professional assessment required *
Attach a file:

Please attach a professional assessment from an allied health professional that outlines the need for this service.

4.3 How will this funding assist the grant recipient to remain at home and/or significantly improve their quality of life?

Please be specific. We will receive more applications than we have funding available. Priority will be given to applications we identify as having the highest need. *

Word count:
Must be no more than 100 words

4.4 Funding Requested

Detail the amount of funding being requested below. (Maximum grant $10,000).

Please ensure that you itemise all of the individual costs involved. If applying for more than one item - click "Add More"

Please attach two quotes for each item/service - if only one quote can be provided please provide an explanation below.

Quote 1 will be regarded as the preferred quote for the item.

Please ensure you provide the total cost of the grant you are seeking (Excluding GST).

Item *

Quote 1 (Preferred Quote) *
$

Quote 2
$

Attach Quote 1 *
Attach a file:

Attach Quote 2
Attach a file:

Total Expenses (add each item cost)

Total amount of funding required to purchase item must be detailed for the application to be eligible. (Total amount excluding GST).

Quote 1 *
$
Please provide a total by adding quote 1 for all items listed above. Must be a dollar amount.

Quote 2
$

Other Funding Sources (if total is over $10,000)

Please indicate how you will fund the **additional amount required if the Grant is successful**. eg. will it be self-funded, superannuation, NDIS contribution, other grants etc. **Youngcare will not be able to approve your application if this extra amount is not accounted for.** If your item/s come to less than $10,000 please tick 'Not applicable'.

○ Not applicable
If total cost of item/s is under $10,000.

NDIS/Government Subsidy Funding
$
Enter amount to be funded for these items from Government Subsidies. Must be a dollar amount. If $0.00, please put $0.00

Other Sources of Funding (if needed)
$
Enter amount to be funded for these items from other sources. Must be a dollar amount

Please list other sources of funding required to purchase the item described above and attach evidence if applicable. Eg. If you are applying for a vehicle, how will you fund the gap? *

Word count:
Must be no more than 50 words

Upload file
Attach a file:

Total funding you are asking from Youngcare (Must be under or equal to $10,000)

Total Requested must be under $10,000

Quote 1 *
$

Quote 2
$

Do you have 2 quotes for each item listed? *
○ Yes
○ No
If no, you must complete 4.5

4.5 If you have not obtained a second quote, please explain why?

Word count:

Part Five - Privacy Notice

* indicates a required field

5.1 Terms and Conditions

Youngcare retains the rights to use de-identified information in the application for the purposes of research and statistical analysis.

Youngcare collects personal information about the applicant from this form. Youngcare also collects recipient information to contact recipients and seek feedback about how grants are used. This can help Youngcare to address any concerns and continue to improve its services.

Information disclosed to research partners for research and quality assurance activities will be de-identified to ensure anonymity.

Applicants wishing to request access to their personal information held by Youngcare may contact Youngcare by calling 1800 844 727 or emailing youngcareconnect@youngcare.com.au.

Please read and accept the Terms and Conditions of this Application *
○ I, the applicant, accept the Terms and Conditions

○ I, as an Office Bearer of the Management Committee/ Board of Management, accept the Terms and Conditions

5.2 Media Consent

Providing stories is a powerful way for Youngcare to continue to educate, advocate and create change for people just like you.

Are you happy for your details to be passed on to a member of our Youngcare family, who will follow up with more information about possibly sharing your story.

Please note: this will not have any impact on the outcome of your application.

○ If you would like to share your story, check this box and our media team will be in contact.

Part Six - Checklist

* indicates a required field

6.1.1 Checklist for Individuals

Please complete the Checklist to confirm that all required information is submitted with your application.

Mandatory *
☐ Terms and Conditions accepted
☐ Quotes attached (minimum 1 per item, 2 preferred)
☐ Allied Health Report attached
Must be at least 3 choices selected

If applicable
☐ Other supporting evidence attached (e.g. evidence of financial contribution to the cost of item)
☐ Service Plan

6.1.2 Checklist for Organisations

Please complete the Checklist to confirm that all required information is submitted with your application.

Mandatory *
☐ Financial Accounts / Annual Report attached
☐ Evidence of public liability insurance for not less than $5 million attached
☐ Quotes attached (one per item/service minimum, two preferred)
☐ Terms and conditions accepted by the applicant
☐ Allied Health assessment attached
☐ Terms and conditions accepted by an Office Bearer from the Management Committee of the supporting organisation
☐ Full consent from the Applicant's Legal Guardian

Must be at least 6 choices selected

If applicable
☐ Other supporting evidence attached (e.g. evidence of financial contribution to the cost of item)
☐ Service Plan