Southland
Charity Hospital

Application for charitable financial assistance for elective health services

As a charity we are here to support people in clinical need who have LIMITED or NO financial means. Funding for your treatment is provided almost exclusively by the generous charitable donations of the public. Help can be provided in completing this form.

If required, email the hospital at manager@southlandcharityhospital.org.

1. Do you have a community services card: No Yes *(Please Circle)* Card Number:	Name: NHI:		
2. Do you receive a Winz benefit (excluding pension)? If yes, state type Client number	No Yes *(Please Circle)* If Yes, go straight to 10		
3. Number of dependants: Children	Other Dependants		
4. Current employment status: Retired / Employed Full time / Part time / Not currently employed *(please circle)*			
5. What was your taxable (gross) income for the last 3 years?	20___ $	20___ $	20___ $
6. If you have a partner please supply details of your partners taxable (gross) income.	Source: $		

7. Are you the beneficiary of a Trust? No Yes *(Please Circle)*		
8. Bank accounts	My assets are	My Partner's assets are
Investments		
Shares/ Family Trusts/ Other		
Property other than your home (rental/bach etc) Other assets		
8. Rent / Mortgage Loans	My liabilities are	My Partner's liabilities are
Bank overdraft Credit cards		
Other liabilities		

10. Have you taken an overseas trip in the last 12 months?	No	Yes	*(Please Circle)*
11. Do you intend going overseas in the next 12 months?	No	Yes	*(Please Circle)*

In some circumstances we or a nominated Justice of the Peace may ask for supporting evidence relating to the answers you have provided.

Every application is treated on its own merit. The information you provide will not be given to any third party. Please add any comments you wish to be considered in support of your application on the reverse page or in an attached letter.

If you do not wish to proceed with any treatment, we would appreciate it if you would state this on the form and return it to us, so we can offer treatment to other patients.

We will contact you as soon as possible once we have received this fully completed form, which you should return in the enclosed envelope within 14 days of receipt.

Supporting information can be written below: