



APPLICATION FORM



For Payment of Alinta Account
To: Jacaranda Community Centre Inc.

Fax: (08) 9477 5300 **Email:** info@jacarandacc.org.au

Please ensure you have read and met the current Guidelines for the AlintaCARE Assist Scheme before completing this form. **(Please send the front page of the Alinta Account and this form after 8:30 am, on the allocation days.) Accounts must be at least 2 weeks overdue and at risk of disconnection or large**

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Client Details for 2018-2019
YOU MUST CALL ALINTA BEFORE COMPLETING THIS APPLICATION
Fill in all spaces for statistics

Surname: _____ First Name(s): _____

Street address: _____ Suburb: _____

Post Code: _____ Type of Benefit/Income: _____

Gender: Male Female D.O.B: _____ No. of Children: _____

Alinta Payment No: _____ On Centrepay: Yes No
 HUGS ___Yes/No _____ Amount \$ _____ New Centrepay filled in ()
 AlintaCARE scheme (\$100 max) \$ _____
 ER Agency contribution (if applicable) \$ _____
 Client Contribution/Payment Schedule \$ _____ (include Centrepay amount)

Clients Signature: _____
 Client's signature authorises permission for exchange of information between your agency, Jacaranda Community Centre and Alinta regarding this form.

Referring Agency Details

Agency Name: _____

Address: _____

Phone No: _____ Fax No: _____

Authorised by:(Please print Name) _____ Signature _____

Date: _____ Email Address: _____

Outcome

Alinta funds Available: Yes No

Assistance Granted: Yes No (This will be confirmed by Alinta to Jacaranda and you will be notified if there is any change once they have checked the account, if no further action this is the amount that will be paid) \$ _____

Comment (if applicable): _____