



## 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**

AlintaCARE Scheme

**Client Details for 2019-2020**

**YOU MUST CALL ALINTA BEFORE COMPLETING THIS APPLICATION**

(Please fill in all spaces for statistics)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Street address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_ Payment Type/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: \_\_\_\_\_

Authorized by: (Please print) \_\_\_\_\_ 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) \$ \_\_\_\_\_

Any Further Comments: \_\_\_\_\_