COMMUNITY PROGRAM 3:
HEALTH

- ☐ 3.1 GENERAL MEDICAL
- ☐ 3.2 DENTAL HEALTH
- ☐ 3.3 MEDICAL AND DENTAL TRAVEL
- ☐ 3.4 HOME RENOVATIONS FOR ELDERS & DISABLED

IBN Member's Full Name: | Membership Number:

Date of Birth:

Registered Home Address:

Phone: | Email Address:

Language Group: ☐ Yinhawangka ☐ Banyjima ☐ Nyiyaparli

Patient's Full Name: | Date of Birth:

Relationship: | Patient's Medicare Number:

What is the reason applying?

Have you applied to PATS or other sources for assistance? ☐ Yes ☐ No

Description of Item:	Name of Supplier:	Amount:
		$
		$
		$
		$
	Total	$

Comments:

I declare that the information I have provided in this form is true and correct, and the benefits requested are for my own use.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature: | Date:

Need Help Contact IBN:

South Hedland Office: 3 Brand Street South Hedland 6722 Phone: 08 9140 0900
Karratha Office: Unit 3 / 4 Welcome Road Karratha 6714 Phone: 08 9185 1499
Tom Price Office: Shop 1, 973 Central Road Tom Price 6751 Phone: 08 9189 3706
Email: applications@ibngroup.com.au