

Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2021-22 Community Programs Handbook, or the IBN website: www.ibngroup.com.au

Description of item	Supplier	Amount
		\$
		\$
		\$
		\$
	TOTAL	\$

Comments

Required Documents (please attach)

- | | |
|---|--|
| Copy of Medicare card | IBN Dependent Child Advice Form (if required) |
| Doctor's certificate, prescription or referral | IBN Update Personal Details form (if required) |
| Dental treatment plan from a registered dentist | |
| Copy of private health, ambulance cover or travel insurance | |
| Supplier quotes or invoices including payment details | |

Declaration

I declare that:

- the information I have provided in this form is true and correct.
- the benefits are for my own use or for my own child or a dependent child who is legally in my care.

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

Signature

Date

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Need help?

Contact: (08) 9140 0900
Freecall: 1800 014 401

Return this application to:

Email to: applications@ibngroup.com.au
Post: PO Box 2390, South Hedland, WA 6722
Fax: 08 9140 0996
In person: 3 Brand Street, South Hedland
973 Central Road, Tom Price
Unit 3, 4 Welcome Road, Karratha

Office use only

Date received

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 CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240