

## CANCER COUNCIL NT SUPPORTIVE CARE REFERRAL

**PATIENT HRN #** \_\_\_\_\_

Please tick service(s) required:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cancer Nurse           | <input type="checkbox"/> Psychology/Counselling | <input type="checkbox"/> Wig fitting   |
| <input type="checkbox"/> Bra/prosthesis fitting | <input type="checkbox"/> Legal Pro-bono         | <input type="checkbox"/> Foodbank  |
| <input type="checkbox"/> Practical Support      | <input type="checkbox"/> Financial Support      | <input type="checkbox"/> Transport to Treatment –<br><i>complete schedule attached</i> |

Health professionals: Please attach relevant supporting clinical documentation, to assist our staff.

**CONSENT FOR REFERRAL GIVEN BY PATIENT**  **DATE OF REFERRAL:** \_\_\_\_\_

**Please fill in ALL details below** (Can attach patient information label here)

<b>FULL NAME:</b>		
<b>DOB:</b>	<b>GENDER:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER <input type="checkbox"/> PREFER NOT TO SAY	
<b>ADDRESS:</b>		
<b>POSTCODE:</b>	<b>CONTACT PHONE #:</b>	
<b>AUSTRALIAN RESIDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SPEAKS ENGLISH:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ETHNICITY:</b> <input type="checkbox"/> ABORIGINAL/TORRES STRAIT ISLANDER <input type="checkbox"/> NON ATSI <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
<b>NEXT OF KIN:</b>	<b>RELATIONSHIP:</b>	<b>PHONE #:</b>
<b>EMAIL:</b>		<b>APPROVAL TO SEND CCNT INFO/MARKETING EMAILS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**REFERRER INFORMATION – TO BE COMPLETED BY EITHER CANCER CARE CO-ORDINATOR/NURSE/DOCTOR**

<b>NAME:</b>	
<b>LOCATION:</b> <input type="checkbox"/> GP <input type="checkbox"/> AWCC <input type="checkbox"/> RDH <input type="checkbox"/> ASH <input type="checkbox"/> KDH <input type="checkbox"/> DPH <input type="checkbox"/> OTHER	
<b>POSITION:</b>	<b>DEPARTMENT:</b>
<b>RELEVANT CLIENT INFORMATION: (e.g., Cancer Treatment and Duration, language barrier, mobility)</b>	
<b>REFERRER SIGNATURE:</b>	

**CANCER DIAGNOSIS**

<b>DIAGNOSIS:</b>	<b>DIAGNOSIS DATE:</b>
<b>TREATMENT:</b> <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy/immunotherapy <input type="checkbox"/> Radiation Therapy	Surgeon: _____ Medical Oncologist haematologist: _____ Radiation Oncologist: _____
<b>GP:</b>	<b>GP CLINIC:</b>
<b>REASON FOR REFERRAL (PLEASE PROVIDE DETAILED INFORMATION)</b>	

**PRO BONO PROGRAM**

**Urgent referrals:** In certain circumstances, we are able to expediate legally urgent referrals (e.g., when a client needs to make a will and has been given a short prognosis or when the client's issue has a legal timeframe).

Can the client travel to the service provider's office to meet?  Yes  No    If no, meet at  Home  Hospital

Yes  No    I have advised the client that the service is means tested

Yes  No    I have received the client's consent to send through this referral

Yes  No    I have read and confirm the client has been informed of the following privacy statement:

Your Personal Information and your Client's Personal Information is collected by Cancer Council NT for the purpose of considering your request for pro bono services for your Client. Your Client's Personal Information may be passed to a third-party service provider or to other Cancer Councils in your local state. Cancer Council NSW (on behalf of Cancer Council NT) will handle both your and the Client's personal information in accordance with the Privacy Act 1988 (Cth) and its Privacy Policy. If you wish to access and correct your personal information or make a privacy complaint, visit <https://www.cancer.org.au/privacy-policy> or call 08 8944 1800 or email [ceo@cancernt.org.au](mailto:ceo@cancernt.org.au).

**FINANCIAL ASSISTANCE**

**WHO REQUIRES ASSISTANCE:** Patient  Carer  Bereaved Carer

**FINANCIAL SITUATION:**

Does the patient / carer receive Centrelink benefits? Yes  No

Has the patient / carer accessed any financial assistance schemes in the past 12 months? Yes  No

If so, please list:

**TYPE OF ACCOMMODATION:**

- Owner occupied
- Private rental
- Territory housing
- Other

Do you own more than one property? Yes  No

**ASSISTANCE REQUIRED:**

Have you provided original unpaid bill?

Yes

No

Other relevant supporting documents? Yes  No

**Signature of Applicant:** \_\_\_\_\_

What happens next? Application is assessed.

If approved, a letter will be sent to applicant advising payment was paid towards their bill or service provider. If declined, or client is not eligible for assistance, we will do our best to provide information to the client about other services that may be available to them.

**PRIVACY**

In sending us this form you are confirming that the patient has been advised that they are being referred to Cancer Council NT. Cancer Council services are provided free of charge to people affected by any type of cancer. And a patient may decline or withdraw at any time.

Information on this form is used to determine the support required and may also be shared with health professionals involved in their care. Please ensure all relevant details are completed on the form, as we need the information to provide safe and effective care.

**Please send completed forms to:**

For all referrals, please email this form to: [support.admin@cancernt.org.au](mailto:support.admin@cancernt.org.au)

**OFFICE USE ONLY**

Amount: \$ \_\_\_\_\_  Approved  Declined

Supported by CSSM: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by CEO: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CANCER COUNCIL NT SUPPORTIVE CARE REFERRAL

*PATIENT HRN #* \_\_\_\_\_

## Transport Schedule

**Client Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

DATE	TREATING FACILITY	APPOINTMENT	TREATMENT	Office Use Only
<b>Date:</b> / /	<b>AWCCC RDH DPH PRH OTHER</b>	<b>Time:</b>	<b>Expected length:</b>	<b>Transport Provided</b>
<i>Trip 1: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Trip 2: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date:</b> / /	<b>AWCCC RDH DPH PRH OTHER</b>	<b>Time:</b>	<b>Expected length:</b>	<b>Transport Provided</b>
<i>Trip 1: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Trip 2: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date:</b> / /	<b>AWCCC RDH DPH PRH OTHER</b>	<b>Time:</b>	<b>Expected length:</b>	<b>Transport Provided</b>
<i>Trip 1: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Trip 2: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date:</b> / /	<b>AWCCC RDH DPH PRH OTHER</b>	<b>Time:</b>	<b>Expected length:</b>	<b>Transport Provided</b>
<i>Trip 1: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Trip 2: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date:</b> / /	<b>AWCCC RDH DPH PRH OTHER</b>	<b>Time:</b>	<b>Expected length:</b>	<b>Transport Provided</b>
<i>Trip 1: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Trip 2: Pick up from</i>	<i>Location:</i>	<i>Pick up time:</i>	<i>Driver:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Client Location:** \_\_\_\_\_ **Referral Date:** \_\_\_\_\_

## **ABOUT THE CANCER COUNCIL PRO BONO PROGRAM**

The Cancer Council Pro Bono Program can help cancer patients, carers and bereaved carers with advice on the following:

- Legal issues
- Financial planning
- Workplace advice
- Small business accounting

### **How the program works**

We connect people affected by cancer with a professional who volunteers their time. Professionals include lawyers, financial planners, human resources professionals and small business accountants.

Cancer Council staff do not provide advice directly to clients. The service is means tested, and is free for people who cannot afford the cost of advice.

## **Criteria and Exclusions**

### **Some general guidelines**

- Issue must be related to the cancer diagnosis
- Client cannot already be receiving advice on the issue
- Client must be unable to afford the cost of advice (see page 2)
- Client can be referred to the service once only per issue

### **Who we can help**

Anyone diagnosed with cancer, or currently caring for a person diagnosed with cancer. We can assist carers of people who have died from cancer if the issue relates to the cancer diagnosis.

### **What we can help with**

- Basic wills, testamentary guardianships, powers of attorney and enduring guardianships (patients only)
- Employment and workplace rights
- Accessing superannuation and insurance
- Managing credit and debt issues
- Insurance claims and disputes
- Small business issues
- Immigration law (in limited circumstances)

We may be able to assist with other issues related to the cancer diagnosis on a case-by-case basis.

### **What we cannot help with**

- Criminal law matters
- Family law, e.g. divorce and separation, custody or property settlements
- Property issues
- Estate administration
- Bankruptcy and taxation issues
- Medical negligence and workers compensation
- Advance Health Care Directives

### **If a patient already has a will**

Generally, if the will has been prepared recently (within the past 5 years) and the client only wants to make minor amendments, we will ask the client to see the previous lawyer who drafted the will to make changes.

If they cannot go back to the previous lawyer (either because of a change in their financial circumstances or some other reason), we will look to refer them for assistance with preparing a new will.

Please note that the volunteer lawyers will not make changes to or check existing wills (including will kits). They are only able to prepare new wills.

If you are unsure whether the Pro Bono Program can assist a client, please contact the Pro Bono Program on [probono@cancercouncil.org.au](mailto:probono@cancercouncil.org.au) or 1300 856 199 before referring.

## **ABOUT THE CANCER COUNCIL NT FINANCIAL ASSISTANCE PROGRAM**

Cancer Council NT aims to help Northern Territory cancer patients, carers and bereaved carers genuinely experiencing short-term financial hardship due to the impact of a cancer diagnosis.

We can provide a small one-off grant to those experiencing financial hardship following a cancer diagnosis, to help pay bills.

It is expected that in most cases such hardship will stem from causes such as; significant decrease in income or high unavoidable expenses (e.g. unable to work due to illness or carer responsibilities or death of a primary income earner).

Cancer Council NT financial assistance grants are available to;

- People with a medically verified cancer diagnosis in the last twelve months requiring treatment or management of cancer or their immediate family member, carer or bereaved carer; *and*
- Northern Territory resident; *and*
- are experiencing short-term financial hardship due to impact of cancer and need assistance with bills.

These grants are to assist with living expenses when financial challenges arise due to their cancer experience and to help reduce the financial burden.

## **Criteria and Exclusions**

### **Some general rules apply:**

- Assistance is once only
- Maximum benefit is \$200
- Payment made to creditor or service provider not client or family members
- Note: Receiving Centrelink benefits is not the sole criteria for assessing eligibility.
- at discretion of Cancer Council NT

### **To be eligible for assistance applicants must:**

- Be unable to pay bill due to impact of cancer
- Provide original unpaid bill
- Be diagnosed with cancer in the last 12mths; or
- Be an immediate family member of person who has been diagnosed with cancer within the last 12 months; or
- Be a carer or bereaved carer of person diagnosed with cancer within the last 12 months

### **Eligible Items:**

- Household bills such as telephone, insurance, council rates, gas, electricity and water.
- Vehicle registration, vehicle repairs or essential household repairs
- Rent or mortgage payment
- White goods in special circumstances
- Other items as approved by Cancer Council NT

### **Exclusions:**

- Rental Bond
- Credit Card bills
- Medical expenses and 'Gap fees'
- Medical equipment e.g. Breast Forms
- Pay TV
- School fees
- Other non-essential service bills

If you are unsure whether the Financial Assistance Program can assist a client, please contact Cancer Council NT on (08) 8944 1800 or 13 11 20

## **How do I submit an application for financial assistance?**

1. Obtain client's consent to being referred and let them know that we need to ask them some financial questions such as employment status, household income, Centrelink payments, and debts.
2. Complete and sign the Financial Assistance Program application form (see over)
3. Email FAP application form to [support.admin@cancernt.org.au](mailto:support.admin@cancernt.org.au) or fax to (08) 8927 4990