**THE KIDS MATTERS COMMUNITY FOUNDATION LTD**

The Kids Matters Community Foundation (TKMCF) was established in 2023 to bridge the gap between those able to afford therapeutic services for their children, or those who have adequate government funding, and those that do not. In this way we hope to build social capital in families/ children at risk and give them more opportunities to engage and participate in everyday life with peers. We hope to build self-esteem, self-confidence and keep kids involved with learning.

**Our focus is:**

* Financially disadvantaged single parents
* Low income families
* Complex families with high financial and therapy needs related to disabilities in two or more children
* Families in rural and remote areas with limited access to funding and services

**HOW THE KIDS MATTERS COMMUNITY FOUNDATION CHOOSES THE PEOPLE WHO RECEIVE BENEVOLENT RELIEF.**

To be eligible for benefit, the Governing Body has determined that the recipient of the benefit must be either:

1. A child or adolescent in need of relevant and essential paediatric therapy due to a developmental disability and/ or some other disability and / or a diagnosed chronic medical condition or disease.
2. The parent, guardian or primary caregiver/s of the person described in (1) who is financially disadvantaged / in the low-income category and does not have access to government funding to meet the needs of their child/children.

It is expected that all applicants will provide documentary evidence to support their application. Such evidence could be a copy of their or their parents/carers recent Centrelink Income and Asset Statement or Health Care Card.

Each applicant would require at least two (2) Independent References to confirm the applicant’s current circumstances. Eligible referees can include: NDIA Provider, Treating Health Professional, Australian Government Department of Human Services staff or agent, Chairperson or CEO of an incorporated community group, Indigenous organisation, public or community housing organisation etc.

The application must include a written statement, that highlights the benefit they believe the applicant would get from the proposed activity and/or program.

**Our Why:**

To bridge the funding gap so low-income families can access NDIS funding, allied health and related services to improve their engagement and quality of life.

**What can we provide?**

Parents will be given specific funding to access services for their child with Allied Health or specialist Medical providers (e.g. Paediatrician), to foster participation and community engagement. These services can be provided by any qualified service provider, of the parent’s choice and may include:

* Occupational Therapy services to eligible families including parent coaching, child/ adolescent/ support groups, Circles of Security parent training and Occupational Therapy assessments.
* Psychology, physiotherapy, speech pathology, podiatry or other Allied Health services for assessment or specific time-limited services (not ongoing therapy).
* Supporting eligible people to apply for other funding such as the National Disability Insurance Scheme (NDIS) by providing functional capacity assessments and reports.

Our Impact

* Families will have access to services previously out of reach, which can provide the assessment and diagnosis required to apply for NDIS funding.
* Children and families will understand their learning and developmental profile and will be able to communicate this with others through reporting and education. As such we wish to support their engagement with their family, school and education and the community.
* Parents will understand Circles of Security and how to build secure attachments with their kids and families. This will help support family cohesion.

**APPLICATION FORM**

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| NAME OF APPLICANT: |
| DATE OF BIRTH: |
| PARENT/GUARDIAN NAME: |
| ADDRESS: |
| Do you currently have access to any funding? If yes, pls describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child have any diagnoses? Please list:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you or your child currently receiving any therapy or associated services? Please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please tell us about yourself and your reason for applying to the Kids Matters Community Foundation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which of the following services are you seeking?   * Circle of Security parent training * Assessment and reporting to support funding application * Other Allied Health Assessment – Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Access to a Medical Specialist eg. Paediatrician   How would your child or family benefit from this service?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which service provider would you like to see? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \*Note, this funding can be used with any allied health or paediatrician.  You may choose to seek OT or COS services with Kids Matters OT or any other reputable provider.  Referee 1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referee 2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recommendation from referrer – please attach any supporting documentation. Eligible referees can include: treating health professional, Australian Government Dept of Humans Services staff or agent, Chairperson or CEO of an incorporated community group, a member of an Indigenous organisation, public or community housing organisation. |
| **Eligibility criteria:**  Proof of low income or financial hardship (pls attach):     * Health Care card / Centrelink Statement * 2 x recommendations from medical or allied health practitioner   **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Thank you for taking the time to complete this application. A member of the Kids Matters Community Foundation will be in contact with you to discuss further.** |