** Boab Health Services**

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| **Application for Cashless Debit Card Brokerage Fund**  | **Register No:** |
| **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **DOB:** |  |
| **Middle Name:** |  | **Gender:**  | **Male / Female** |
| **Last Name:** |  | **CRN:** |  |
|  |
| **Address:** | **Mobile:** |
| **Home Phone:** |

|  |  |
| --- | --- |
| **Referring Organisation:** | **Referring Person:** |
| **Date** | **Type** | **Details**  | **Amount** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
| **Comments:** | **Total Amount****$** |
| **Other Services Accessed:** |
|  |
| **Client’s Signature:** | **Referring Person’s Signature:** |

|  |  |  |
| --- | --- | --- |
| **Approved Assistance - Total** | **$** | **Purchase Order Attached: YES / NO****PO Number:** |
| **Assessing Officer Name:** |
|  | **Copy of Centrelink Card Attached: YES / NO** |
| **Previous Access to Fund: YES / NO** |
| **Assessing Officer’s Signature:** | **Number of times fund given in past 12 months** |
|  |
| **Details of Assistance Given:** |
| **CEO Approval for Transaction:** |

|  |
| --- |
| **Client / Service Provider Bank Details:** |
| **Account Name:** | **Bank:** |
| **BSB:** | **Account Number:** |

**Please email to:** **EKBrokerage@network.pmc.gov.au**