

# **'LIVE WELL' FINANCIAL SUPPORT GRANT General Information**

#### **PURPOSE**

Live Well Grants are available to members of Haemophilia Foundation Victoria Inc. (HFV) that have a bleeding disorder or an immediate family member impacted as a result.

The purpose for the Live Well Grant is to provide an opportunity to assist with an expense that would otherwise not be possible without assistance from HFV under this program.

#### **AMOUNT**

Although there is no absolute limit, as a guide, previously approved Live Well Grants have generally been for amounts of between \$50 and \$500.

## How to Apply

- Individual members must complete the application form attached.
- Please attach supporting documentation including a letter of support from your Haemophilia Treatment Centre where appropriate.
- Completed Applications should be returned to: HFV, C/- Executive Assistant, 13 Keith St, Hampton East, or email: andrea@hfv.org.au or fax: 03 9555 7375.

When reviewing each application the potential benefit to the applicant member with regard to improving a health outcome or enjoyment of life given other health issues caused by the bleeding disorder will be considered.

The committee will always make decisions under rules of confidentiality at all times.

## 'LIVE WELL' FINANCIAL SUPPORT GRANT APPLICATION

Applicant:	
Parent/Guar	dian (if applicant under 18 yrs):
Address:	Postcode
Applicant Da	ate of Birth: Preferred phone:
Email addres	SS:
Please tick o	ne of the following options:
	I am a person with a Bleeding disorder, their parent or guardian
	I am an immediate family member impacted by a bleeding disorder
Bleeding dis	order & severity:
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	otion of item/activity and its benefits (eg. health benefits and/or improved quality of life):
Cost of the i	tem/activity:
	(Please also attach quotes
Amount you	are requesting from HFV?

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Have you explored other funding sources and/or applied for funding for this item/activity elsewhere? It so, please give details:
Have you received funding assistance from HFV previously? If so, please give details (year, item, amount received)

### Additional information:

Please attach any additional documents in support of your application e.g. item costs and information, letters of support from your Treatment Centre and any other relevant information.

Live Well Applications can be submitted by post to the Executive Assistant, HFV, 13 Keith Street HAMPTON EAST VIC 3188, fax 03 9555 7375 or email andrea@hfv.org.au