

FAS variation application form

When to use this form

Use this form if you have received assistance from the Victims of Crime Financial Assistance Scheme (FAS) and you wish to change your existing assistance or request a new expense or type of assistance in relation to the same incident.

The FAS can pay assistance up to your maximum assistance cap, which is \$60,000 for primary victims and \$50,000 for secondary victims and related victims.

If you have any queries about completing this form you can contact the FAS by phone.

FAS Helpline: 1800 161 136
Marra Yattakumar Team: 1800 849 778

You can also submit an enquiry online using the Enquiry Form in the FAS Portal.



Privacy

The FAS collects personal information for the purpose of assessing your eligibility for assistance. The FAS will only disclose your personal information in accordance with the law. More information on how the FAS handles your personal information can be found at www.vic.gov.au/privacy-vicgovau and www.victimsofcrime.vic.gov.au/information-collection-notice.

Form Contents

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Filling in this form

- This form can be completed and signed electronically using a PDF reader on your computer such as Adobe.
- Alternatively, you can print and complete the form using black or blue pen.
- Print using BLOCK LETTERS
- Tick the appropriate box where applicable
- Sign the form
- Attach copies of supporting documentation where instructed (indicated with  and  symbols throughout)
- If you need to provide more information, you can attach additional pages.

Further information about the documentary evidence required can be found on pages 19 - 20.

Returning this form

Send the completed form to:

financialassistancescheme@justice.vic.gov.au

or

Financial Assistance Scheme
PO Box 21060
Little Lonsdale Street VIC 8011

Do you require legal assistance?

You may be able to obtain assistance from one of the following organisations:

- **Victims Legal Service**
Call 1800 531 566 or visit www.victimsofcrime.vic.gov.au/victims-legal-service
- **Victorian Community Legal Centres**
Call (03) 9652 1501 or visit www.fclc.org.au
- **Victorian Aboriginal Legal Service**
Call 1800 064 865 or visit www.vals.org.au



Part A: Application Details

1 Who are you making this application for?

Myself

[Go to Question 3](#)

Someone else (I am their Authorised Representative)

If you are an Authorised Representative, provide your details below at Question 2 and then complete the rest of this form as if you were the applicant.

2 Authorised representative's details

Given name(s)

Family name

Organisation (if applicable)

3 Applicant's name

Pronouns

(e.g. she/her, he/him, they/them, self-described (please specify))

Given name(s)

Family name

Preferred name

4 Date of birth

5 Application ID

6 Which sort of variation are you requesting?

Request to change the amount of assistance

Can include requesting:

- an increase to the amount previously provided (e.g. to cover an increase in a service provider's costs)
- more of the same treatment (e.g. additional counselling sessions).

Request a new type of assistance

Can include requesting a new:

- type of financial assistance that was not part of your original FAS assistance
- expense that was not included in your original FAS assistance.

Request to change the amount of assistance

Request a new type of assistance

7 Which assistance does this request relate to? Select all that apply

You will need to explain how your needs or circumstances have changed, and why you now need an increase or additional assistance, or assistance which the FAS did not originally award to you.

If you are not seeking a variation for a particular type of assistance, you do not need to complete that Part.

Counselling expenses
(all applicants)

[Go to Part B](#)

Medical expenses
(all applicants)

[Go to Part C](#)

Recovery expenses
(all applicants)

[Go to Part D](#)

Safety-related expenses
(primary victims)

[Go to Part E](#)

Loss or damage to clothing
(primary victims)

[Go to Part F](#)

Special financial assistance
(primary victims)

[Go to Part G](#)

Loss of earnings
(primary and secondary victims)

[Go to Part H](#)

Loss of money
(related victims)

[Go to Part I](#)

Distress
(related victims)

[Go to Part J](#)

Other reasonable expenses
(related victims)

[Go to Part K](#)

Funeral expenses
(all applicants where relevant)

[Go to Part L](#)

Part B: Counselling expenses

8 Reason for variation

Request to change the amount of assistance:

My counselling provider has increased their fees

▶ Complete question 9

I need additional counselling sessions

▶ Complete questions 9 - 12

Request a new type of assistance:

I need counselling sessions which I did not originally receive

▶ Complete questions 9 - 12

9 What is the cost of one counselling session with your chosen provider?



10 How many (additional) counselling sessions do you need?

▶ If more than 20 sessions in total (including any previously provided by the FAS), complete question 11

If you need more than a combined total of 20 counselling sessions, including any sessions that the FAS has already provided assistance for, you must provide a counselling report that explains the need for ongoing counselling. This report must include a description of your mental health needs, the proposed treatment, cost of the treatment, the practitioner's opinion on the need for the additional sessions and whether the counselling is needed as a direct result of the violent act.

If you do not have a report already, the FAS may pay for a report in some circumstances. Please select this option below if you want to request financial assistance for a counselling report. If the FAS approves this payment, the FAS will contact you with further information about what is required.

If you already have a counselling report, you may provide this below, however the FAS will not reimburse you for a report you have already paid for. You must apply to the FAS first requesting authorisation of a report.

11 How will you provide a counselling report?

Only required if you are requesting more than 20 counselling sessions

Request authorisation for a paid counselling report from the FAS



I already have a counselling report I can provide

12 Why do you need (additional) counselling sessions?

You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) counselling sessions.

Part C: Medical expenses

13 Reason for variation

Request to change the amount of assistance:

- My service provider has increased their fees ▶ Complete question 14
- I need more of the same treatment or therapy ▶ Complete questions 15 - 16

Request a new type of assistance:

- I need medical expenses which I did not originally receive ▶ Complete questions 15 - 16

14 Please provide updated pricing from your service provider



Please enter the name of the treatment or expense, and the new total cost for the expense

15 Please provide detail on your medical expenses, including whether you are claiming a past expense, or seeking authorisation for a future expense



Name of treatment/expense	Amount	Past/Future Expense?

16 Why do you need (additional) medical treatment or therapy?



You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) medical treatment.

Part D: Recovery expenses

17 Reason for variation

Request to change the amount of assistance:

My service provider has increased their fees

▶ Complete question 18

I need more of the same expense

▶ Complete questions 19 - 20

Request a new type of assistance:

I need recovery expenses which I did not originally receive

▶ Complete questions 20 - 22

18 Please provide the updated pricing from your service provider

Please enter the name of the expense, and the new total cost for the expense



19 Please provide detail on your recovery expenses, including whether you are claiming a past expense, or seeking authorisation for a future expense



Name of item/expense	Amount	Past/Future Expense?

20 Why do you need (additional) recovery expenses?



You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) recovery expenses.

Part D: Recovery expenses cont.

21 Why are your circumstances exceptional?

If you have previously received recovery expenses for this incident, you do not need to complete this question.

To be eligible for recovery expenses, you must explain why your circumstances are exceptional. Exceptional circumstances mean that your circumstances are unusual, special, out of the ordinary, rare or outside reasonable anticipation or expectation

22 Please provide detail on your recovery expenses, including whether you are claiming a past expense, or seeking authorisation for a future expense, as well as how the expense will directly assist your recovery from the violent act



Name of item/expense	Amount	Past/Future Expense?
How will this expense assist your recovery?		

Name of item/expense	Amount	Past/Future Expense?
How will this expense assist your recovery?		

Part E: Safety-related expenses

23 Reason for variation

Request to change the amount of assistance:

My service provider has increased their fees

▶ Complete question 24

I need more of the same expense

▶ Complete questions 25 - 27

Request a new type of assistance:

I need safety-related expenses which I did not originally receive

▶ Complete questions 25 - 27

24

Please provide the updated pricing from your service provider, or pricing details from your new service provider

Please enter the name of the expense, and the new total cost for the expense



25

Please provide detail on your safety-related expenses, including whether you are claiming a past expense, or seeking authorisation for a future expense, as well as how the expense is directly related to the incident.



Name of item/expense	Amount	Past/Future Expense?

How is this expense related to the incident?

Name of item/expense	Amount	Past/Future Expense?

How is this expense related to the incident?

Part E: Safety-related expenses cont.

26 Do any of these safety-related expenses require a modification to your home?



If you are seeking to install safety-related equipment to a property, you are responsible for seeking the permission of your landlord or owner to make any alterations and provide evidence of this permission to us (if applicable).

Yes

No

27 Why do you need (additional) safety-related expenses?

You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) safety-related expenses.

Part F: Loss or damage to clothing expenses

28 Reason for variation

Request to change the amount of assistance:

I need to change the assistance that I received

▶ Complete questions 29 - 30

Request a new type of assistance:

I need loss or damage to clothing expenses which I did not originally receive

▶ Complete questions 29 - 30

29 Please provide details of the items of clothing that were lost or damaged at the time of the incident, including whether you are claiming a past expense, or seeking authorisation for a future expense



Item of clothing	Value	Lost or damaged?	Past/Future Expense?

30 Why do you need (additional) loss or damage to clothing expenses?

You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) loss or damage to clothing expenses.

Part G: Special financial assistance

31 How have your circumstances changed since receiving your FAS assistance?



You need to explain how your circumstances have changed since receiving your FAS assistance, and why you are seeking a change to your special financial assistance, or why you are now seeking special financial assistance when it was not originally provided by the FAS. Your change in circumstances must be related to your eligibility for special financial assistance.

Part H: Loss of earnings

32 Reason for variation

Request to change the amount of assistance:

I need more of the same assistance

▶ Complete questions 33 - 34

Request a new type of assistance:

I need loss of earnings assistance which I did not originally receive

▶ Complete questions 34 - 37

33 Have you lost further earnings as a result of the incident?



You must be able to show that you have a continued inability to work because of the incident. This can only be for a period of up to 2 years after the incident.

Yes

No

▶ You are not eligible for more assistance for loss of earnings

34 Why do you need (additional) loss of earnings assistance?

You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) loss of earnings assistance. If you are a secondary victim you must also explain why your circumstances are exceptional.

35 Have your earnings stopped or reduced as a result of the incident?



You must be able to show that you have been unable to work because of the incident, whether wholly or partially. This can only be for a period of up to 2 years after the incident.

Yes

No

▶ You are not eligible for assistance for loss of earnings

Part H: Loss of earnings cont.

36 Employment details



Worked for an employer

Self-employed

Organisation name

ABN

Gross earnings (pre-injury)

If you do not receive a regular amount, please calculate your average earnings over the last 3 financial years and represent this as a weekly, fortnightly or monthly amount

Frequency of gross earnings (e.g. weekly, fortnightly, monthly)

Weekly

Fortnightly

Monthly

Period of lost earnings

Start date

Start date

Start date

End date

End date

End date

Leave entitlements used because of your injury (include type of leave, start and end date(s) and the amount you received for the period(s) of leave)

37 Do you have any other income entitlements?



The FAS must consider any other payments for loss of income that you have received, or are likely to receive, from other schemes or organisations because of the incident. This could include income protection insurance, WorkCover, Transport Accident Commission (TAC), Centrelink or any other payment or assistance. You must provide information about any other payments you have received, or are likely to receive, from other schemes that are related to the incident since your original FAS assistance was paid.

No

Yes

[Give details below](#)

Details of other payments or assistance – include the name of the entitlement and the total amount received or likely to receive in future

Part I: Loss of money

38 Reason for variation

Request to change the amount of assistance:

I need to change or increase the assistance that I received

▶ Complete question 39

Request a new type of assistance:

I need loss of money assistance which I did not originally receive

▶ Complete questions 39 - 40

39 Why do you need (additional) assistance for loss of money?



You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) assistance for loss of money.

40 About your loss of money

Amount you expected to receive

Frequency of payments for above amount (e.g. weekly, fortnightly, monthly)

Weekly

Fortnightly

Monthly

When did you expect to receive this money from your loved one?

You must have expected to receive this money within 2 years of your loved one's passing. The FAS cannot consider requests for money that was expected to be received after this time.

Date or date range:

Money was expected to be continually received

Part J: Distress

41 Reason for variation

Request to change the amount of assistance:

I need to change the assistance that I received

▶ Complete question 42

Request a new type of assistance:

I need financial assistance for distress which I did not originally receive

▶ Complete questions 42 - 45

42 How have your circumstances changed since receiving your FAS assistance?



You need to explain how your circumstances have changed since receiving your FAS assistance, and why you are seeking a change to your financial assistance for distress, or why you are now seeking financial assistance for distress when it was not originally provided by the FAS. Your change in circumstances must be related to your eligibility for a distress payment.

43 Details of your loved one that passed

Given name(s)

Family name

Date of birth

44 Which of the following best describes your relationship to your loved one?

Spouse or domestic partner

Child or step-child

Parent, guardian or step-parent

Sibling or step-sibling

Intimate personal relationship

Other close family member

Dependant

Part J: Distress cont.

45 Can you tell us about your relationship with your loved one?



Please provide details about the nature of your relationship with your loved one at the time they passed away. If you selected 'Dependant' in the question above, please also provide details about how you were financially dependent on them.

Part K: Other reasonable expenses

46 Reason for variation

Request to change the amount of assistance:

I need to change or increase the assistance that I received

▶ Complete question 47 - 48

Request a new type of assistance:

I need other reasonable expenses assistance which I did not originally receive

▶ Complete questions 47 - 48

47 Why do you need (additional) other reasonable expenses?



You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) other reasonable expenses.

48



Please detail the other expenses you have incurred as a result of the passing of your loved one, including whether you are claiming a past expense, or seeking authorisation for a future expense, as well as why you are seeking the expense

Name of item/expense	Amount	Past/Future Expense?

Why are you seeking this expense?

Name of item/expense	Amount	Past/Future Expense?

Why are you seeking this expense?

Part L: Funeral expenses

49 Reason for variation

Request to change the amount of assistance:

My service provider has increased their fees ▶ Complete question 50

I need more of the same expense ▶ Complete questions 50 - 51

Request a new type of assistance:

I need funeral expenses which I did not originally receive ▶ Complete questions 50 - 51

50 Please provide detail on your funeral expenses, including the (new) total cost of the funeral and whether you are claiming a past expense, or seeking authorisation for a future expense



Date of funeral	Amount	Past/Future Expense?

51 Why do you need (additional) funeral expenses?

You need to explain how your needs or circumstances have changed since receiving your FAS assistance, and why you are now seeking (additional) funeral expenses.

Part M: Applicant acknowledgement

Summary

For applicants applying on their own behalf, this acknowledgement confirms that you agree to the Victims of Crime Financial Assistance Scheme (FAS) collecting and disclosing your information to process your application. You are also acknowledging the information provided in the application is true and not false or misleading, that you may be required to repay assistance, and that you agree to keep the FAS up to date about changes in your circumstances. You are also agreeing to the Victims of Crime Assistance Tribunal (VOCAT) and Court Services Victoria (CSV) disclosing your personal and health information to the FAS.

For Authorised Representatives applying on behalf of a victim seeking assistance (the applicant), this acknowledgment confirms that the applicant agrees to the FAS collecting and disclosing their information to process their application. You and the applicant are also acknowledging the information provided in the application is true and not false or misleading, that the applicant may be required to repay assistance, and that you and the applicant agree to keep the FAS up to date about changes in the applicant's circumstances. The applicant is also agreeing to the Victims of Crime Assistance Tribunal (VOCAT) and Court Services Victoria (CSV) disclosing their personal and health information to the FAS.

You can contact the Victims of Crime Financial Assistance Scheme (FAS) Contact Centre if you have any questions before signing. If you have any concerns about signing, you should seek advice.

Truth of the information supplied

I declare that the information I have provided in this application and attached documents is true and not misleading.

I acknowledge that it is an offence to provide false or misleading information in relation to an application under section 66 of the *Victims of Crime (Financial Assistance Scheme) Act 2022 (Vic)* (FAS Act) and it may impact the outcome of the application. I also acknowledge that it is an offence to obtain or attempt to obtain assistance fraudulently under section 65 of the FAS Act.

I also acknowledge that under sections 18 and 22 of the FAS Act, the applicant is required to disclose any relevant compensation, assistance, payment or entitlements from other schemes (see section "other schemes or assistance") received before lodging this application.

Keeping the FAS up to date

I agree to disclose to the FAS any compensation, assistance or payment received from other schemes after lodging this application, including during the assessment period.

I agree to advise the FAS if my (or in the case of an Authorised Representative applying on the applicant's behalf, the applicant's) circumstances change or if I become aware of any matter that would make the information in this application form false or misleading.

Repayments

I acknowledge that I (in the case of an applicant applying on their own behalf) or the applicant (in the case of an Authorised Representative applying on the applicant's behalf) may be required to repay any assistance under sections 37 and 50 of the FAS Act. Repayment could be required in circumstances including if I (in the case of an applicant applying on their own behalf) or the applicant (in the case of an Authorised Representative applying on the applicant's behalf) have/has received any damages, compensation, assistance or payments from another scheme that were not taken into account when determining the amount of assistance, if the amount of assistance is decreased on review or variation, or if interim assistance is paid but the application is later refused.

Continued on next page.

Part M: Applicant acknowledgement cont.

Acknowledgement of collection notice and privacy policy for applicants submitting an application on their own behalf – Consent to disclosure of personal and health information

I have read the [collection notice](#) and the Department of Justice and Community Safety's (DJCS) [privacy policy](#). I understand and consent to the FAS collecting and disclosing my information to the relevant authorities/persons/entities.

I understand that to process my application the FAS will need to provide my personal information to other organisations or request information about me from other organisations.

This will include requesting or accessing information from Court Services Victoria (CSV) about any previous Victims of Crime Assistance Tribunal (VOCAT) applications and Victoria Police about the violent act. It may also include requesting information from other organisations and entities (including other schemes that provide damages, compensation or financial assistance) to process my application and/or sharing information with the relevant authority if you have made a complaint. It may also include providing information to the Supreme Court of Victoria if my assistance is paid to Funds in Court to be held on trust.

I have also read the Website Privacy Statement on the VOCAT website at [Privacy | Victims of Crime Assistance Tribunal \(vocat.vic.gov.au\)](#). I have also read the Website Privacy Statement appearing on the website operated by CSV at [Privacy | Court Services Victoria](#). For the purposes of progressing my application to the FAS, I consent to VOCAT and CSV disclosing my personal or health information within VOCAT and CSV, to the FAS.

Acknowledgement of collection notice and privacy policy for Authorised Representatives submitting an application on the applicant's behalf – Consent to disclosure of personal and health information

I have read the [collection notice](#) and Department of Justice and Community Safety's (DJCS) [privacy policy](#). I confirm that as an Authorised Representative for the applicant, that the applicant is aware of and has provided consent for me to provide this information to the FAS. I also confirm that the Applicant is aware of the terms of the collection notice and the DJCS privacy policy.

In particular, the applicant is aware that the FAS will collect this information and disclose their information to the relevant authorities/persons/entities as set out in the collection notice and the DJCS privacy policy.

The applicant is aware that to process their application the FAS will need to provide their personal information to other organisations or request information about them from other organisations. This will include requesting or accessing information from Court Services Victoria about any previous VOCAT applications and Victoria Police about the violent act. It may also include requesting information from other organisations and entities (including other schemes that provide damages, compensation or financial assistance) to process their application and/or sharing information with the relevant authority if they make a complaint. It may also include providing information to the Supreme Court of Victoria if their assistance is paid to Funds in Court to be held on trust.

I have also read the Website Privacy Statement on the VOCAT website at [Privacy | Victims of Crime Assistance Tribunal \(vocat.vic.gov.au\)](#). I have also read the Website Privacy Statement appearing on the website operated by CSV at [Privacy | Court Services Victoria](#). I confirm that as an Authorised Representative for the applicant, that the applicant is aware of and has provided consent to VOCAT and CSV disclosing their personal or health information within VOCAT and CSV to the FAS. The Applicant has authorised me to give this consent. I also confirm that the Applicant is aware of the terms of the VOCAT and CSV Website Privacy Statements and the terms of this acknowledgment.

52 I confirm that I have read and agree to the terms above


Full name of applicant or Authorised Representative


Date

Signed

Part M: Supporting document requirements

Overview

Throughout the application form, the  symbol indicates where supporting documents are required. This section explains what documents are required for each Part of the application form.

The  symbol indicates where evidence of the cost or expense is required. For expenses you have already incurred, you must provide an invoice or receipt. For future expenses, you must provide a quote or other official evidence of the product cost or service provider's fees. All expense documents must include:

- an itemisation of the cost
- ABN of the service provider
- Business name and contact information
- Business payment details (BSB, account number).

Please only attach **copies** of documents to your application. The FAS cannot return original documents to you.

The sections below specify what documents are required for specific questions throughout the application form. If a particular question does not apply to you, you do not need to provide that piece of evidence.

Q11: Please provide a report from an accredited mental health social worker, counsellor, registered psychologist or psychiatrist that explains the need for more than 20 counselling sessions.

Please ensure the document includes:

- details of the proposed treatment
- the cost of the treatment
- the practitioner's opinion on the need for the additional sessions
- the practitioner's opinion as to whether the need is directly a result of the incident.

Q16: Please provide a medical report, record, letter or evidence of diagnosis that shows (further) medical treatment is needed as a result of the incident.

Please ensure this document includes:

- details of the proposed treatment(s)
- the practitioner's opinion on how the proposed treatment would help recovery
- that the need for the treatment is directly a result of the incident.

Q20: Please provide a supporting document that shows how the proposed expense(s) will aid your recovery from the incident.

To support your request, it is recommended that you provide a report or letter from one of the following:

- mental health practitioner
- medical practitioner

- social worker
- other support worker.

The document must detail the following:

- details of the proposed treatment, therapy or expense
- the practitioner's opinion as to how it will assist your recovery from the violent act.

Q26: Please show you have permission to make these modifications to the property.

If you own your home, please provide one of the following:

- Certificate of Title
- Contract of sale
- Home insurance documentation
- Mortgage documents
- Rates notice.

If you are renting or living in a home owned by somebody else, please provide one of the following:

- Lease agreement that shows permission to make modifications to the property
- Letter from the property manager or real estate agent
- Letter from the private landlord or family member that owns the property, together with their proof of ownership.

Q29: Please provide a document that shows you were wearing the clothing at the time of the incident.

To seek payment for loss or damage to clothing, you must provide evidence to show that the clothing detailed above was lost or damaged while being worn at the time of the violent act.

This could include:

- police reports or statements confirming the clothing worn at the time of the violent act
- photos from the time of the violent act
- statutory declaration detailing the clothing worn at the time of the violent act.

Q31: Please provide a document(s) that supports your change of circumstances.

You should provide a document that shows your change of circumstances and how this applies to your eligibility for special financial assistance.

Supporting document requirements cont.

Q33 & Q35: Please provide a report or letter from a medical or mental health practitioner that shows your (continued) inability to work.

The medical or mental health professional supplying the document must be currently registered by the Australian Health Practitioner Regulation Agency (AHPRA).

Please ensure the document details your:

- injury and their diagnosis
- (continued) inability to work and the duration of this inability.

Q36: Please provide a document that confirms your earnings.

If you have consistent income, you must provide one of the following as evidence of your prior earnings:

- income protection documents
- bank statements
- payslips
- Australian Tax Office (ATO) records for the 3 financial years prior to the violent act and, when possible, until the end date of the loss of earnings period
- employment contract.

If you have inconsistent income (for example if you are self-employed or you have irregular casual employment) you must provide ATO records for the 3 financial years before the violent act, and when possible, the financial years between the date of the violent act and the end of the loss of earnings period.

You can also provide additional documents to support your loss of earnings. This could include:

- a letter from your employer detailing your past and/or current earnings
- a statutory declaration about past and/or current earnings
- any other documentation relevant to your loss of earnings request.

Q37: Please provide a document that shows your income entitlements.

Please ensure the document includes the following:

- how much you were/will be paid
- when you were/will be paid.

Q39: Please provide a document(s) that shows you relied upon money from your loved one and expected to continually receive the money.

You must provide a document that shows you expected to receive the money from your loved one within 2 years of their passing.

This document could be a bank statement, statutory declaration or any other document.

Q42: Please provide a document(s) that supports your change of needs or circumstances.

You should provide a document that shows your change of needs or circumstances and how this applies to your eligibility for a distress payment.

Q45: Please provide a supporting document that shows your relationship with your loved one.

Applicants who are a close family member are recommended to provide one or more of the following documents to show their relationship to the primary victim:

- birth or adoption certificate
- guardianship documentation
- foster care documentation
- letter from a local Aboriginal community-controlled organisation
- marriage or relationship registration certificates
- government document showing the relationship (such as Medicare or Centrelink).

Applicants who are a dependant are recommended to provide one or more of the following documents showing their financial dependency and relationship with the primary victim:

- documents showing payments or other benefits provided by the primary victim to the applicant
- documents showing financial dependency through shared accounts, addresses or details (such as bank statements, utility bills, rental agreements, home ownership documents)
- details of beneficiaries (superannuation beneficiaries etc) showing financial dependency of the applicant.

Applicants who were in an intimate personal relationship are recommended to provide documentary evidence demonstrating the nature of their relationship with the primary victim. This could include the following:

- documents showing shared expenses or financial responsibilities such as accounts, addresses or details (bank statements, utility bills, rental agreements, home ownership documents)
- letter from a local Aboriginal community-controlled organisation
- documents showing a mutual commitment to a shared life.

You can also provide additional documents to show your relationship including statutory declarations from yourself or others about the nature of your relationship with your loved one.

Q47: Would you like to provide a document that supports your reason for claiming the expense(s)?

This can be any document(s) that support your request.