



CYSTIC FIBROSIS QUEENSLAND INC.

ABN: 97 010 549 667 (DGR Endorsed)

Subsidy Claim Form

07 3359 8000

FREECALL: 1800 670 990

services@cfqld.org.au

Each calendar year Cystic Fibrosis Queensland offers reimbursement of expenses for medication support, physical activities and parking. We may also be successful in applications for grant monies to help fund cleaning, events, or home-use respiratory equipment.

- Applicants must be a current Queensland member of Cystic Fibrosis Queensland and have a diagnosis of Cystic Fibrosis
- A complete application form must be provided along with evidence of the expense being claimed

Section 1: Applicant Details	
Client Name:	
Date of Birth:	/ /
Parent/Guardian Name (if under 18):	
Suburb	State Postcode
Preferred phone number	
Email	
I am a current member of Cystic Fibrosis Queensland (<i>check box</i>) Yes / No / Unsure	
If No/Unsure; I give CFQ permission to deduct the membership fee from my PAS Claim. <input type="checkbox"/> (A CFQ Team member will be in touch to obtain Membership Details)	
Section 2: Claim details	
Physical Activity Subsidy	
Item/s purchased:	
Total of this claim: (max \$150 p.a.)	\$
Medical Expenses Subsidy	
Item/s purchased:	
Total of this claim: (max \$100 p.a.)	\$
Parking Subsidy	
Total of this claim: (max \$100 p.a.)	\$
Other Grant (when available e.g. cleaning, nebuliser, Little Day Out)	
Item purchased:	
Total of this claim:	\$
Section 3: Reimbursement Details**	
** Allow 4 weeks for processing	
Bank:	BSB:
Account No.:	Account Name:
Section 4: Confirmation	
Evidence of expense/s such as a receipt is attached: <input type="checkbox"/>	