



**Danny's Place**  
Be your best

**Variety Incorporated**  
**Subsidy Program**



To assess the eligibility of the family applying for the Danny's Place - Variety Incorporated Subsidy Program  
**PLEASE COMPLETE ALL FIELDS.** Please sign page 2 and keep page 3 for your records.

**Personal Details**

**Adolescent's (10—18 year old) Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Likes to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If applying for more than one child:** First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent / Guardian's Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (M) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Parent / Guardian's Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (M) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Application Details**

**Program Applying for:**

Danny's Place 6 Month - Be Your Best Essential - Medical Weight Management Program

**Level of Subsidy Applying for:**

Full Subsidy (95%) - If applying for 95% please include details of your taxable income including your most recent tax return and recent payslips.

Partial Subsidy     75%     50%

**Family Situation**

Please provide us with information that best describes your current family circumstances (relevant to this application), including why a full or partial subsidy should be granted.

---



---



---



---



---



---



---



---



**Danny's Place**  
Be your best

**Variety Incorporated**  
Subsidy Program

Proudly supported by



**Further Information**

How will accessing this subsidy benefit your young person?

---

---

---

---

---

**Financial Situation**

Do you receive any of the following Centrelink payments:

- Parenting Payment                      Reference Number: \_\_\_\_\_
- School Card/Health Card              Reference Number: \_\_\_\_\_
- Carer's Allowance                      Reference Number: \_\_\_\_\_
- Family Tax Benefit                      Reference Number: \_\_\_\_\_
- Disability Pension                      Reference Number: \_\_\_\_\_

If **yes**, how long have you received payments? \_\_\_\_\_

What type of accommodation do you live in:

- Own home                       Renting                       Government Rent                       No rent paid

What best describes your work or study circumstance:

- Working full time                       Student
- Working part time / casually                       Retired
- Looking for work                       Other

What is the total gross income of your household received per fortnight from all forms of income? (only required if not receiving Centrelink payment).

- Under \$1200
- \$1200 to \$2400
- \$2400 to \$3900
- Above \$3900

Please provide us with any additional information / circumstances that may be relevant:

---

---

---

---

PLEASE SIGN TO ACCEPT THE CONDITIONS OF THE APPLICATION: \_\_\_\_\_



**Danny's  
Place**  
Be your best

# Variety Incorporated Subsidy Program



## Criteria

### General Rules:

- The application **MUST** be supported with a referral from a health professional
- Subsidised funds are paid directly to Danny's Place on behalf of Variety - The Children's charity
- The remaining program fee is paid on a monthly basis directly to Danny's Place
- If applying for the full 95% subsidy, please include details of your taxable income including your most recent tax return and recent payslips.
- Funds are available to a maximum of \$1425 per applicant (Full subsidy)
  - ⇒ For full (95%) subsidy - total amount payable to Danny's Place on top of subsidy is \$12.50 per month
  - ⇒ For 75% subsidy - total amount payable to Danny's Place on top of subsidy is \$62.50 per month
  - ⇒ For 50% subsidy - total amount payable to Danny's Place on top of subsidy is \$125 per month
- **If successful in the application process, not attending 3 consecutive sessions (without valid notification / reason) will result in loss of subsidy**

### To be eligible for assistance applicants must :

- Be a South Australian resident
- Above the 95%tile as determined by your referring specialist
- Provide sufficient information about their level of financial disadvantage and/or low-income status for the program officer to make an assessment. Centrelink benefits are not the sole criteria to receiving this assistance

Once completed, please email application to: [subsidy@dannysplace.com.au](mailto:subsidy@dannysplace.com.au)

or mail to: 12 The Parade Norwood, SA, 5067

**Applicants will be assessed and notified within 4 weeks from receipt of application.**

## What Happens Next?

- This application will be assessed, based on the level of information provided. If insufficient information is provided, you may be asked for more information or the application may be returned
- Notification of application success will be communicated to the applicant by the Clinical Program Coordinator at Danny's Place
- A notification will be sent to the referring health professional of the outcome of the application
- Funds will be paid directly to Danny's Place for the young person's participation in the 6-month program

**The young person's participation in the program will commence once the committee has notified the Clinical Program Coordinator of the level of subsidy. Appointments will then be made.**

If you require more information or assistance, please contact either:

The Danny's Place Clinical Program Coordinator - [jane@dannysplace.com.au](mailto:jane@dannysplace.com.au) or call on 7231 1772

The Variety Incorporated Subsidy Program Officer on [subsidy@dannysplace.com.au](mailto:subsidy@dannysplace.com.au)