

# THE WIMMERA CANCER TRANSPORT ASSISTANCE PILOT PROGRAM SUPPORTED BY GRAMPAINS INTEGRATED CANCER SERVICES AND WIMMERA VOLUNTEERS

The Wimmera Cancer Transport Assistance Pilot Program will provide partial reimbursement for travel costs incurred by cancer patients in accessing services. The information collected will assist in identifying the gaps in support for persons travelling for cancer treatment.

To be eligible for assistance under this program, patients must be a resident of the Wimmera Region (refer to map) and need to travel more than 20 kilometres and less than 100 kilometres one way to access services from their nearest approved Chemotherapy service at Wimmera Health Care Group.

This pilot project is not intended to be a full reimbursement scheme. It is designed to subsidise the cost incurred by patients travelling to receive approved medical specialist treatment. Escorts are not eligible to be reimbursed under this pilot.

## About your application for assistance

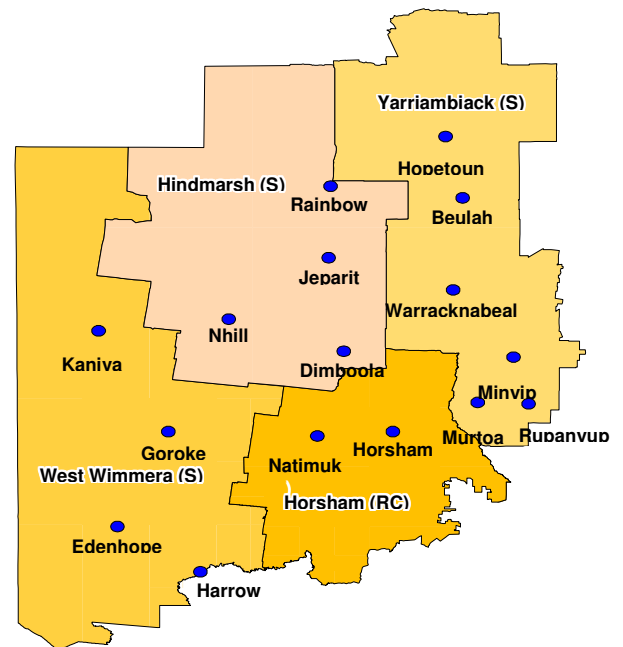
Eligibility will be assessed on the basis of the Information provided. Before completing the form, please read it carefully. Information supplied will be treated in strict confidence and will contribute to the identification of gaps in support for persons travelling for cancer treatment.

Transport pilot claim forms for assistance must be lodged with Wimmera Volunteers **as soon as treatment has been provided**, due to limited funding. Some sections of this form must be completed by your referring service provider.

Patients must complete the declaration and consent sections of the application form. This will provide Grampians Integrated Cancer Services and Wimmera Volunteers permission to discuss your application with relevant parties.

This pilot project commences on the **18<sup>th</sup> August 2008** – **and concludes on 30<sup>th</sup> January 2009 or earlier if funds are fully expended**. Applications for assistance **will not** be accepted after this time.

Please note that patient eligibility criteria for The Wimmera Cancer Transport Assistance Pilot Program requires patients to reside in the following **mapped region**:



*The Wimmera Cancer Transport Assistance Pilot Program is an initiative of the following organisations:*



## About this form

- **Step 1** Complete the form in **Ink**
- **Step 2** Complete the form in **CAPITAL** letters
- **Step 3** Ensure the declaration and consent sections are signed
- **Step 4** Take or send the form with your documentation to Wimmera Volunteers, P.O Box 267 Horsham 3401

## SECTION A – FIRST CLAIM

### Patient Details – Patient to complete all details

Title.....Surname.....Given Name(s).....

Male /Female (please circle)

Date of Birth ...../...../.....

Residential Address..... Postcode.....

Postal Address.....Postcode.....  
(payment will be forwarded to this address)

Phone No: BH.....

Mobile Phone:.....

Local Government Area (shire), (please tick):    Yarriambiack    Hindmarsh    West Wimmera    Horsham

• Are you the primary cardholder of a current Pensioner Concession Card or Health Care Card? (please circle)   Yes   No

• Have you ever made a claim under this transport pilot before? (please circle)   Yes   No.

If yes, when was the last claim made ...../...../.....

• Have you claimed or are you entitled to claim benefits under any Commonwealth or State Scheme or Insurance Policy?   Yes   No.

If yes, what is the name of the scheme.....

## SECTION B – Claim Details – Patient to complete all details

### Travel Details:

I.....,travelled.....kilometres (one way)

on (date)...../...../.....to access cancer treatment. Total kilometres traveled was .....

I traveled from (town).....to.....for my treatment.

Please tell us:

How did you travel to your appointment? (please circle) Car Train Bus Taxi

Did you (please tick):  Drive Yourself  Family Drove You  Friend Drove You  
 Provider Drove You  Case Worker / Service Worker Drove You  Used Public Transport

• Do you reside on a rural property? (please circle) Yes No

If Yes, what is the distance from your residence to the nearest town? .....

• Was an escort required? (please circle) Yes No

If an escort was required, please tell us why (please tick)  no licence  unable to drive after treatment  frailty

other (please describe).....

*For the purposes of the Transport Pilot Project an escort is a person required to assist a patient physically.*

## SECTION C – Referrer to complete all details

Referred By.....

Address of Practice.....

Phone No..... email address.....

Type of Practitioner.....

Name of GP..... Contact Number.....

Cancer Type.....

I certify that..... Received treatment on ..... /..... /.....

Medical Oncologist ..... Contact Number .....

Signature of Referrer..... Date ..... /..... /.....

**ANCILLARY TRIP FORM –THIS SECTION IS ONLY TO BE COMPLETED FOR SECOND AND SUBSEQUENT CLAIMS.**

For this project to provide a detailed report on the transport needs of cancer patients, information on all travel incurred is required from patients. Please note: reimbursements are limited to 4 trips.

**SECTION H- Referrer to complete:**

Patient Name.....

Date of Birth...../...../.....Phone Number.....

Name of GP.....Phone Number.....

Cancer Type.....

I certify that treatment was received on (date).....

Medical Oncologist.....

Phone Number.....Referrer's Title.....

Signature of Referrer.....Date...../...../.....

**SECTION I – Patient Declaration and Consent – Patient to complete**

I,(name).....(please print)

Of,(address).....

Understand that the information provided by me on this form will be used to map the transport needs of cancer patients living in the Wimmera Region who do not qualify for existing transport assistance schemes.

I consent to my information being used for this for this purpose

I understand that if additional information is required, I may be contacted for a telephone interview.

I agree that only details which directly relate to my transport pilot application can be discussed.

The release of information from relevant parties is for the sole purpose of clarifying issues in relation to my application for transport pilot assistance and for no other purpose.

I certify that all information is true and correct.

Signature of Patient or Carer..... Date...../...../.....

Wimmera Volunteers handles personal information in accordance with the provisions of *The Commonwealth Privacy Amendment (Private Sector Act) 2000*. The personal details collected are for the purpose of generating statistics, and as such personal information will remain anonymous with respect to identifying health related transport needs of patients living in the Wimmera region. Under the aforementioned Act this information is not intended for any use other than the purpose for which the information was collected.