



*We've Got You Foundation  
Request for Care Form - Nursing and Support Services  
Fraser Coast Region*

**We've Got you Foundation is a non-for-profit organisation closing the gap between and helping solve the current issue of unmet health and transport needs, across the Fraser Coast.**

*Our organisation helps people who have a special situation and need for urgent Medical-related Health Care and Transport, have Care Package or Transport Funding Approved, but could be waiting up to 12 months for their payments to start. We can also help people who have Medical Needs, but are unable to drive, or pay the Full Cost for trips to their appointments or need health care in the home.*

**To access We've Got You Foundation funding for medical assistance and/or support the following requirements must be met:**

- All relevant patient details to be completed
- Person must show a need to access the service/funding
- Health Practitioner must declare all the details are correct

**Section 1 - REFERRERS/APPLICANT DETAILS**

Source of Referral/Registration:

- Self
- Family
- Agency
- Professional

Referrer Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Referrer phone number: \_\_\_\_\_

Has the client consented to the referral?

- Yes
- No (PLEASE NOTE: Clients must be made aware of the referral)

**Section 2 - RECIPIENT'S CIRCUMSTANCES**

Is the proposed recipient affected by a/an:

ILLNESS

Is this a life-limiting medical condition:

- Yes
- No
- Unsure

Please outline the diagnosis and prognosis:

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The proposed recipient has been diagnosed/affected by this illness since:

- Within the last month
- Within the last 6-12 months
- More than 12 months

DISABILITY

Please outline the proposed recipient's condition:

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The proposed recipient has been affected by this condition since:

- Within the last month
- Within the last 6-12 months
- More than 12 months/Birth

TRAGIC CIRCUMSTANCE

Please outline the proposed recipient's circumstances:

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**SUPPORT**

We've Got You Foundation may be able to provide short-term, immediate support - what kind of support would you believe benefit the proposed recipient. Please give details:

- Assistance with family living expenses\_\_\_\_\_
- Reimbursement of out-of-pocket medical expenses\_\_\_\_\_
- Funds to purchase specific aides or equipment to support recipient\_\_\_\_\_
- In-kind support (e.g., services). \_\_\_\_\_
- Other: \_\_\_\_\_

NOMINATION DETAILS

(Please outline your reason for nominating this proposed recipient):

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- I have supplied supporting documentation to enhance the committee's understanding of the circumstances faced by the proposed recipient.

Is the proposed recipient fundraising or receiving financial support elsewhere?  
E.g.: Go Fund Me, My Cause or Red kite.

- Yes  
 No  
 Unsure

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge.

Referrers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECTION 3 - Patient/Recipients details**

(APPLICANT/REFERRER to complete only if know, otherwise PRACTITIONER to complete)

Does the proposed recipient live within the Fraser Coast Region?

- Yes  
 No

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

#### Emergency Contact

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Medical Information:

Primary Care Physician: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Requested Services:

Please indicate the nursing and support services required:

- Regular Health Monitoring
- Medication Administration
- Wound Care
- Personal Care (Bathing, Dressing, etc.)
- Mobility Assistance
- Companionship
- Meal Preparation
- Transportation to Appointments
- Other: \_\_\_\_\_

Please provide any additional information or specific requests related to the type of nursing and support care you are seeking from the We've Got You Foundation:

(Provide a detailed description of the medical condition, special needs, and support requirements. Include any relevant medical history, diagnoses, and treatments.)

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**SECTION 4 - PRACTITIONER's Certification and recommendations  
(MEDICAL PRACTITIONER TO COMPLETE)**

Practitioner's Certification:

I, the undersigned practitioner, certify that the information provided in this request form is accurate and complete to the best of my knowledge. I recommend the specified nursing and support services for the patient based on their medical condition and needs (SECTION 3).

Additional word of support/recommendations:

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Practitioner's Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SECTION 5 - Submit Application**

Please submit this form via email to [WEVEGOTYOUFOUNDATION@GMAIL.COM](mailto:WEVEGOTYOUFOUNDATION@GMAIL.COM) or post to **PO BOX 67, Hervey Bay QLD 4655**

For any questions or assistance in filling out this form, please contact us at 0423 001 706 or email [WEVEGOTYOUFOUNDATION@GMAIL.COM](mailto:WEVEGOTYOUFOUNDATION@GMAIL.COM)

Thank you for considering the We've Got You Foundation for your care and support needs. Our mission is to assist as many Fraser Coast locals as possible, and close the medical and health transport gaps. For more information please check out our website [WWW.WEVEGOTYOUFOUNDATION.COM.AU](http://WWW.WEVEGOTYOUFOUNDATION.COM.AU)

Sincerely,

*Sue, Michelle and Nadine*

Directors of We've Got You Foundation  
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