

Important information

We appreciate there are times when circumstances beyond your control can make it difficult to meet all your financial commitments. If you think that you are experiencing financial hardship, and wish to apply for waiver of quarantine fees, please complete the following financial hardship form and we'll consider any financial issues you're experiencing.

Note - If two or more adults share accommodation and become jointly and severally liable – ensure details of both parties are included in this form.

Financial counselling

Sometimes you may need extra help to get through a difficult time. For free, confidential, independent financial advice visit moneysmart.gov.au or call the national debt helpline on 1800 007 007.

Other support

Free additional support and advice for anyone experiencing difficulties is available from the following services:

- Lifeline – 13 11 14 (24 hours a day, seven days a week)
- Beyondblue – 1300 22 4636 (24 hours a day, seven days a week)

Any questions?

If you have any questions about your application, please access the Fee Waiver portal or email feewaiver@health.qld.gov.au.

When complete, please submit this form with your application.

Privacy Statement

Information collected in this form will be used for the purpose of considering and deciding applications for financial hardship, in relation to the COVID-19 emergency for the purposes of the Public Health Act 2005.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this application, including other health providers, investigators, our specialist advisors, service providers, or as required by law. For further information please see our privacy policy <https://www.health.qld.gov.au/global/privacy>

Your details (person responsible for payment)

Title	
First name	
Surname	
Occupation	
Home address	
Preferred Contact Number	
Email	

Dependants

Name	Age

Hardship details	
Department of Health Invoice number	
Circumstances of hardship – Please explain the reason for your application:	
<i>Nature of assistance you would like Queensland Health to consider:</i>	
Application for part waiver of quarantine fee?	
Application for full waiver of quarantine fee?	
Other	

Employment details	
Primary	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment	<input type="checkbox"/> Self-employed <input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor
Employer 1	
Name of Employer	
Occupation	
Name of Contact person	
Contact details	
Salary per month	
Employer 2	
Name of Employer	
Occupation	
Name of Contact person	
Contact details	
Salary per month	
Secondary (eg spouse)	
Are they currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment	<input type="checkbox"/> Self-employed <input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor
Employer 1	
Name of Employer	
Occupation	
Name of Contact person	
Contact details	
Salary per month	
Employer 2	
Name of Employer	
Occupation	
Name of Contact person	
Contact details	

Salary per month	
Financial details	
<i>Income the household receive per month (apart from salary):</i>	
Centrelink benefits	\$
COVID-19 related assistance	\$
<i>Other (such as rent, investments). Details of other sources of income:</i>	
	\$
	\$
TOTAL INCOME	\$
<i>Expenses the household pays per month:</i>	
Rent and/or mortgage	\$
Other loan payments	\$
Credit card payments	\$
Utilities	\$
Child support	\$
Motor vehicle expenses (petrol, insurance, registration)	\$
Childcare	\$
Education	\$
Living costs (food, public transport)	\$
Medical expenses	\$
Insurances (health)	\$
<i>Other Details of other costs:</i>	
	\$
	\$
	\$
TOTAL EXPENSES	\$

Please provide any additional information that you would like to add for consideration of your application

Please ensure you include all relevant information that you wish the decision maker to consider, including attaching any relevant documentation. The decision will be based on

<i>the information and documentation you have provided in this application.</i>	
Declaration	
By submitting and signing this application form, you agree that the information provided within is true and correct.	
Signature of person making application responsible for payment	
Name of signatory	
Date	
