

NGAI TUKAIRANGI TRUST HEALTH GRANTS – VIA WAIPU HAUORA

KAUMATUA (65+) HEALTH GRANT APPLICATION FORM

Contact Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: _____

Shareholder number: _____

Reason for application: _____

Purpose

The fund shall be made available through Waipu Hauora who will determine the category and subsidy rate of the individual health need which could range from disability aid and equipment, Parking permit cards, non-subsidised prescription(s), foot care, eye, ear and dental treatment, travel assistance to and from medical appointment(s), healthy homes installation and mammograms.

The decision to provide funding will be delegated to Waipu Hauora Manager.

Applications are open throughout the year, and all applications will be processed by Waipu Hauora. Payments will be made subject to the availability of funds from the total pool.

- A shareholder of Ngai Tukairangi Trust 65 years of age or above is eligible to apply.
- These funds can be used for; medication, equipment and disability aids, assisted living, foot care, eye, ear, dental treatment, travel costs, parking permit cards, healthy homes installation and mammograms
- Shareholder can apply directly to Waipu Hauora.

Information to be provided

- Attach copies of receipts, quotes and/or invoices
- Proof of age
- Copy of verified bank account details eg: bank statement, bank verified notice.

Post Application to:

Waipu Hauora | P O Box 10021 | Bayfair | Mt Maunganui 3152
For further information contact Helen Te Kani Ph (07) 5786683 or
email helen@ngaituk.co.nz

Office Use Only:

Accepted / Declined _____

Grant Amount: _____

Approved by: _____