

Kuia & Koroua Wellbeing Grant – 2019/2020

The Raukawa Charitable Trust on behalf of the Raukawa Settlement Trust administers the annual Kuia & Koroua Wellbeing Grants.

Eligibility criteria – to be eligible to apply for a Kuia & Koroua Wellbeing Grant you must:

- Be a verified registered member of the Raukawa Settlement Trust,
- be 60 years of age or over at the time of the application, and
- reside in NZ.
- Ensure all costs being claimed are for the applicant only.
- Ensure tax invoices & receipts or a letter from the service provider for the costs being claimed provided with the application.

The following costs are eligible for reimbursement under this grant:

- Eye treatment
 - Optometrist appointments/treatment fee
 - Prescription Glasses – Frames and/or lenses
- Dental treatment
 - Dentist appointments/treatment fee
 - Purchase or repairs of dentures
- Hearing Treatment
 - Hearing Specialist appointment/treatment fee
 - Purchase and/or repair of hearing aids
 - Hearing aid batteries
 - Hearing assistance devices
- Podiatry Treatments
 - Podiatrist appointment/treatment fee
 - Orthotics/special footwear (as prescribed)
- Specialist treatment including: (must be referred by GP)
 - Physiotherapy appointment/treatment fee
 - Chiropractor
 - Acupuncturist
 - X-rays/Ultrasound/Scans
- General Practitioner
 - GP Appointment Fees
 - Cost for prescription pick up
- Pharmacy Prescriptions
 - All prescriptions (only prescribed medication by GP is covered)
- Heating
 - Installation/repair or purchase of Heating Equipment for Kuia/Koroua home (heat pump, fire place, electric heater). Not power
 - Insulation for Kuia/Koroua home
 - Firewood for Kuia/Koroua home
 - Home ventilation system – HRV/DVS/Dehumidifier

- Annual cleaning of chimneys
- Mobility Equipment
 - Wheel chair ramps. Widening of doorways
 - Cost for mobility card
 - Purchase and/or repair of mobility equipment
 - Scooter / walking frame / wheelchair
- Ambulance Fees
 - One off ambulance fees
 - Annual ambulance membership fees

Any cost covered by government funding is not eligible i.e.: you may only claim for the cost you have physically paid for yourself.

If the applicant would prefer that the grant is paid directly to the service provider, a letter from the service provider must be provided which quotes the total cost and outstanding amount. An example of this letter is attached to this application for your information. The letter must be on the service provider's letterhead and signed by the service provider.

Terms and Conditions

- Applications will open 1st June and close 31st May each year. Late applications will not be considered.
- The Kuia & Koroua Wellbeing Grants Sub-committee will meet in June to consider all applications and grants will be made shortly thereafter.
- Applicants are encouraged to keep applying using a new application each time, until the closing date, but all grant applications will not be considered until June each year.
- An application for the Kuia & Koroua Wellbeing Grant must be completed for the grant to be paid.
- The Kuia & Koroua Wellbeing Grants Sub-Committee has delegated authority to accept or decline any application along with the level funding granted.
- All decisions are final and no disputes or correspondence will be entered into regarding any of these decisions.

WHAT HAPPENS IF THE APPLICATION IS...?

Approved: You will be notified in writing. The grant will be paid either into your bank account by direct credit or paid directly to the service provider

Declined: You will be notified, in writing, within two months after the closing date, with reasons why the application has been declined.

Kuia & Koroua Wellbeing Grant Application Form

Applicants Full Name: _____

Date of Birth: _____

Address: _____

Contact Number: Home: _____

Mobile: _____

Email Address: _____

BANK DETAILS

Name of Bank: _____

Account Name: _____

Account Number: _____

Please attach a bank verified printout/document of your bank account details with this application

Please indicate below the purpose/s of your application: (you can indicate more than one purpose)

- Eye Treatment
- Dental Treatment
- Hearing Treatment
- Podiatry Treatment
- Specialist Treatment (must be referred to by GP)
- GP visits
- Pharmacy Prescriptions
- Heating Equipment for my home (Please give a detailed explanation)
- Mobility Equipment (Please give a detailed explanation)
- Ambulance Fees

Please add anything further that you think may assist in considering this application.

Declaration Form

I declare that the information given in this application is true and correct and if my application is successful, I will comply with all the terms and conditions of the grant.

Pursuant to the Privacy Act 1993, I give consent for my application to be sighted by the duly elected Marae Trustee of my principal Marae.

I note that details of my application/grant may be used for publicity or statistical purposes at the discretion of the Raukawa Settlement Trust or the Raukawa Charitable Trust. (personal details EXCLUDED).

Signed by the applicant: _____

Date _____

Applicants Check List

The following check list should be completed in full before submitting the application.
DO NOT submit the application unless all information is attached or it will be rejected.

Please complete:

- Application completed in full (2 pages)
- All receipts & tax invoices for expenses being claimed for ATTACHED
- Bank generated deposit slip ATTACHED.
- Completed and signed letter from the service provider, along with the invoice. (if applicable)
- Signed Declaration Form

Applications are to be posted to:

Raukawa Charitable Trust
Private Bag 8
Tokoroa 3444
Attention: Grants Administrator

Assistance – if you have any questions about this application, feel free to contact the Grants Administrator on 07 8850260.

OFFICE USE ONLY

Date received:	Registration confirmed: YES / NO
If Yes – UID No:	If No – follow registration process
Date entered into database:	Previous grant dates & amounts:
Approval Date:	Declined Date & reason

SAMPLE SERVICE PROVIDER LETTER HEAD

DATE

Raukawa Settlement Trust
Private Bag 8
Tokoroa 3444

ATTENTION:GRANTS ADMINISTRATOR

To whom it may concern,

I hereby confirm that (name of client/customer) has approached our organisation to provide the following services and/or equipment:

- List services being provided, total cost involved, total outstanding
- List equipment being provided, total cost involved, total outstanding

Payment can be direct credited to our bank account:

xx-xxxx-xxxxxxx-xx (a pre-printed deposit slip is attached)

I acknowledge that any funds received from the Raukawa Settlement Trust is a grant for the purpose outlined above only, and that if for whatever reason this transaction is not completed in full that the grant amount will be refunded to the Raukawa Settlement Trust not the customer.

Yours faithfully

Mr Bob Bloggs
PRACTICE MANAGER