



KAUMAATUA MEDICAL GRANT

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1. All registered tribal members aged 65 years and over, are entitled to apply for an annual grant for medical purposes. *From April 2009, 60 years and over will be entitled to apply.
2. Applications are considered monthly and close on the last day of each month.
3. The maximum grant payable is \$500.
Applications will be considered for any medical or health related purpose including:
 - i. Eye treatments and eyewear expenses;
 - ii. Dental treatments and denture expenses;
 - iii. Hearing treatments and hearing aid expenses;
 - iv. Any specialist treatments including x-rays, health related tests, mammograms and physical aids;
 - v. Mobility equipment;
 - vi. Heating equipment (excluding firewood and gas bottle refills);
 - vii. Payment of annual medical insurance premiums;
 - viii. Memberships for Medic Alert, Saint Johns Ambulance, and similar health and safety plans.
4. All general medical or health and wellbeing related purposes will be considered.
5. Support documentation from a registered service provider must be supplied including an invoice or a receipt which clearly shows the medical or health related purpose applied for.
6. Successful grant recipients can re-apply for another grant after 12 months.
7. Sole discretion to accept or decline a grant that does not meet the criteria, rests with the Waikato Raupatu Lands Trust. Decisions are final and no correspondence will be entered into.
8. Pursuant to the Privacy Act 1993, signing and submitting this application authorises the Waikato Raupatu Lands Trust to record, hold and publish names of each grant recipient. Grant details may also be used for publicity and promotion purposes, and successful applicants may be contacted for evaluation and review.

APPLICANT'S DETAILS

APPLICANT'S FULL NAME _____

FULL ADDRESS _____

PHONE NUMBER/S _____
HOME MOBILE OTHER

EMAIL ADDRESS _____

MARAE _____

HAPUU _____

BANK DETAILS Name of Bank _____

Name of Account Holder _____

YOU MUST ATTACH A VERIFIED BANK DEPOSIT SLIP

YOU MUST ATTACH SUPPORT DOCUMENTATION FROM A REGISTERED SERVICE PROVIDER INCLUDING AN INVOICE OR A RECEIPT WHICH CLEARLY SHOWS THE MEDICAL OR HEALTH RELATED PURPOSE APPLIED FOR.

WHAT HAPPENS IF THE APPLICATION IS...

Approved: You will be notified in writing by the end of the month in which your application has been considered. Monies will be paid into your bank account by automatic payment, on or around the 20th of the month following approval.

Declined: You will be notified in writing by the end of the month in which your application has been considered, with reasons why your application has been declined.

DECLARATION

I certify that the information supplied with this application is true and correct, and that the grant will be used for the purposes specified. If my application is successful, I will comply with all of the terms and conditions of the grant.

Name:.....

Signature:.....Date.....

APPLICATIONS MUST BE RECEIVED AT THE FOLLOWING ADDRESS BY 5 PM ON THE CLOSING DATE:

GRANTS PROCESSING
WAIKATO RAUPATU LANDS TRUST
PRIVATE BAG 542
NGAARUAWAAHIA 3742
FREE PHONE 0800 TAINUI (824 684)
WWW.TAINUI.CO.NZ



OFFICE USE ONLY

Tribal Register No.	_____
Grant awarded	_____
Data input completed	_____
Date of Notification Letter	_____
Date of payment schedule	_____