



THE WILSON HOME TRUST
Grants to enable - making a difference

Emergency Grant Application Form

ABOUT THE GRANT

Eligible families or a social worker that is working with the family may apply for an emergency grant. This can be to assist families who are in exceptional circumstances and needing urgent support in times of a crisis or emergency at the discretion of the Trust Manager.

This grant must be used to enhance the life of a child or young person who has a disability.

Please note that the following will **not** be considered for funding:

- Cash
- Rental bond payments
- Hire Purchase payments
- Personal loan payments
- Mortgage payments
- Retrospective purchases – items / services that have already been purchased and paid for

TO BE ELIGIBLE FOR A GRANT THE CHILD / YOUNG ADULT MUST:

- **Have a disability that is primarily physical – Physical disabilities** are those which **primarily impair function** of body and / or limbs. Additional sensory (vision, hearing) and intellectual (cognitive, behavioral, mental) disabilities may be present, but will not be the primary reason for the funds requested.
- The child or young person's **disability needs to be described in terms of the impairments, activity limitations and / or participation restrictions**, as per the terms used by the World Health Organization: "Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations". (<https://www.who.int/topics/disabilities/en/>) Causes may include a range of medical diagnoses, congenital or acquired.

- Be younger than 22 years
- Live in the northern half of the North Island of New Zealand (as defined by the Trust Deed).
- The family has a need for financial assistance.

Ethnicity: We request information in the application form about the child / young adult's ethnicity because we are required to report on ethnicity ensuring there is a focus on Maori and Pacific communities to reduce health inequities.

CHECKLIST

First time applicants must include:

- Person applying for the grant must supply proof of identity – e.g., copy of driving licence or passport
- Proof of the child's / young adult's diagnosis – medical certificate or letter from health professional confirming diagnosis
- Please feel free to call the Trust Administrator on 09 488 0126 or 0800 948 787 to discuss this application in confidence.

For child / young adult who has attended Rehab at the Wilson Centre

- Please provide an updated diagnosis letter from your health professional

APPLICANT'S DETAILS (PERSON COMPLETING FORM)

DATE:

First Name: _____ **Surname:** _____

Home Phone: _____ **Mobile:** _____

Postal address: _____

_____ **Postcode:** _____

Email: _____ **Relationship to child:** _____

PARENT / CAREGIVER DETAILS (IF DIFFERENT FROM ABOVE):

First Name: _____ **Surname:** _____

Home Phone: _____ **Mobile:** _____

Postal address: _____

_____ **Postcode:** _____

Email: _____

CHILD'S DETAILS:

First Name: _____ **Surname:** _____

Address: _____

_____ **Postcode:** _____

Date of birth: _____ **Ethnicity:** _____

Diagnosis: _____

Describe the physical disability that relates to the need that you are applying for:

How many people are you supporting in your household – include children and extended family:

FURTHER DETAILS:

Is the child a New Zealand Citizen or Permanent Resident? Yes No

Has the child received funding from the Wilson Home Trust before? Yes No

If yes, please provide details of how much and when

If this is the first time you are applying for a Wilson Home Trust Grant, how did you hear about us?

<input type="checkbox"/> Health Professional – e.g., GP, OT, Paediatrician, etc.	<input type="checkbox"/> School
<input type="checkbox"/> Recommended by a friend or colleague.	<input type="checkbox"/> Social Media
<input type="checkbox"/> Search Engine – e.g., Google Chrome, etc.	<input type="checkbox"/> Other – please specify:

I give permission for The Wilson Home Trust to explore alternative funding options for this application: Yes No

FINANCIAL NEED:

Can you provide evidence of your weekly financial need – e.g., Household income and expenses. If you need assistance, please call the Trust Administrator on 09 488 0126 or 0800 948 787 or email info@wilsonhometruster.org.nz

<u>Income</u>	\$ - Weekly
Salary	
Benefits / Pension	
Rental or business income	
Other income i.e., interest earned	
Total Income	
<u>Spending</u>	
Mortgage / Rent	
Food	
Power and Heating	
Insurances	
Hire Purchase or loan repayments	
Vehicle and transport costs	
Medical costs	
Other	
Total Spending	
Please provide information about why emergency assistance is required and any relevant information about your current financial situation:	

INFORMATION ABOUT THIS FUNDING REQUEST:

Amount requested (including GST): \$ _____

What do you need funding for? _____

Have you in the last 12 months sought assistance with budgeting? Yes No

Would you like a Trust staff member to follow up with you? Yes No

Wilson Home Trust – Monthly Newsletter

I would like to receive the e-news from The Wilson Home Trust: Yes No

If yes, please supply email address below:

Email address: _____

CONTACT:

Please feel free to call the Trust Administrator on 09 488 0126 or 0800 948 787 to discuss this application in confidence.

NB: By submitting this application you consent to the Wilson Home Trust retaining and possibly sharing the information with other parties to verify and / or support the application.