



THE WILSON HOME TRUST
Grants to enable - making a difference

Hydrotherapy / Water Confidence Grant Application Form

HYDROTHERAPY

The hydrotherapy grant is to provide financial assistance for a child or young adult who has a physical disability and would like to access hydrotherapy / water confidence services.

This grant is capped at **\$800** plus GST (\$920 inclusive of GST) per annum for each child or young adult that qualifies up to the age of 22. Please note that when the child / young adult has reached the capped amount of \$800 plus GST for Hydrotherapy, the child / young adult can then apply for Activity grant funding if they wish to continue swimming sessions. Please note that we do not accept retrospective applications for swimming sessions that have already happened and have already been 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 old.
- 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.

Note: If your grant is approved, it must be used within 12 months, unless we agree there are exceptional circumstances

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

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

- Please provide an updated diagnosis letter from your health professional

All applicants are required to attach the following:

- The support letter must include the contact details of the medical professional and should include reasons as to how and why the service will benefit the child / young adult. Click on the Eligibility Criteria link on the Grants page of the website for information regarding the support letter.
- Quote for services that you are requesting. Please note that once the grant has been approved, invoices are to be submitted per term.

Supplier invoices may be checked at the company's office

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:

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

Are you applying for funding elsewhere? Yes No

If yes, how much are you requesting, and from whom? _____

AMOUNT REQUESTED (INCLUDING GST): _____

HYDROTHERAPY PROVIDER:

Hydrotherapy provider details (Name of organisation, key contact person's name and contact details):

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>	<u>\$ - Weekly</u>
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 any other information that may assist the Grants Committee to understand your financial situation and the need for this grant, e.g., saving to make house renovations, etc.	

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:

Trust Administrator on 09 488 0126 or 0800 948 787 or email info@wilsonhometruster.org.nz if you have any questions regarding this application.

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.