



THE WILSON HOME TRUST
Grants to enable - making a difference

Young Adults Grant Application Form

ABOUT THE GRANT

This is a **new** grant category that identifies the needs of young adults as they transition into adulthood.

This can be challenging for any young adult and this grant is being offered to all young adults who qualify as a Wilson Home Trust beneficiary aged from **17 up to the age of 22**.

As young adults start to identify their goals and dreams for the future, The Wilson Home Trust Young Adults grant aims to support their future aspirations and assist them through this challenging time. Below is a list of the type of support that can be applied for (this is not an exclusive list):

- Tertiary Study
- Transition Support Coordination
- Accommodation – moving out of the family home to an apartment.
- Travel
- Towards a vehicle including modifications and / or driving lessons
- Equipment including communication devices.
- Mental wellbeing

The grant is capped at \$3,000 excluding GST (\$3,450.00 including GST). Please note that we will not accept any retrospective applications (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 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.

Excluded: items that are funded by Government agencies (e.g., Accessible or Enable)

Applications will be considered approximately every six weeks and you will be notified of the Grants Committee's decision within approximately 3 weeks after the Closing Date.

Note: If your grant is approved, it must be used within 3 months, unless we agree there are exceptional circumstances

Ethnicity: We request information in the application form about the 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 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 item / service will benefit the young adult. Click on the Eligibility Criteria link on the Grants page of the website for more information regarding the support letter.
- 2 Quotes for items or services that you are requesting – Please include delivery / freight charges. If only able to provide one quote, please give reason for only providing one quote.

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 Young Adult:** _____

YOUNG ADULT'S DETAILS (IF DIFFERENT FROM ABOVE):

First Name: _____ **Surname:** _____

Home Phone: _____ **Mobile:** _____

Postal address: _____

_____ **Postcode:** _____

Email: _____

YOUNG ADULT'S INFORMATION

Date of Birth: _____

Diagnosis: _____

Ethnicity: _____

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

FURTHER DETAILS:

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

Has the young adult received funding from 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? _____

What is the equipment, activity or assistance required? _____

How will this equipment, activity or assistance help the young adult / family?

Amount requested (including GST): \$_____

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 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.