



THE WILSON HOME TRUST
Grants to enable - making a difference

Wellbeing and Counselling Grant

ABOUT THE GRANT

A wellbeing and Counselling Grant is available for any family member who has a child with a physical disability and requires counselling or support that will enhance their wellbeing. This may include parents, carers, siblings, grandparents or the young person themselves. The maximum grant amount per application is **\$1,000** exclusive of GST (\$1,150 inclusive of GST) and may include childcare costs. There is a cap of \$2,000 exclusive of GST (\$2,300.00 inclusive of GST) in total per family before the child / young adult turns 22 years. You may choose your own counsellor.

Please note that we will not accept any retrospective applications (services that have already been paid for).

The wellbeing and Counselling grant includes: Counselling, relaxation courses, yoga, mindfulness and ways to enhance wellbeing and reduce stress.

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

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:

- Quote for services that you are requesting

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 diagnosis above:

WELLBEING AND COUNSELLING SUPPORT RECIPIENT:

First Name: _____ **Surname:** _____

Address: _____

Mobile: _____

Relationship to child / young adult: _____

FURTHER DETAILS:

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

Has the child/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

Do you need assistance with childcare costs? Yes No

If yes, please provide details and costs: _____

Wellbeing and Counselling Details (Provider and cost): _____

Total amount requested (Wellbeing and Counselling costs incl 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.	

Information about the need for this grant: _____

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.