



The Wilson Home Trust

For Children with Physical Disabilities

www.wilsonhometrust.org.nz

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 that have already been purchased

TO BE ELIGIBLE FOR A GRANT THE CHILD/YOUNG PERSON MUST

- **Have a primarily physical disability - Physical disabilities** are those which **primarily impair the function** of the body and/or limbs. Additional sensory (vision, hearing,) and intellectual (cognitive, behavioural, 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 needs financial assistance.
- If this is your first application to the Wilson Home Trust, please supply a letter from a medical or health professional that can verify the child's / young person's physical disability diagnosis.

CONTACT: Trust Administrator (09) 488 0126 | info@wilsonhometrust.org.nz

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APPLICANT'S DETAILS: (NAME OF PERSON FILLING OUT THE FORM)

DATE:

First Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Postal address: _____

Email: _____ Relationship to child: _____

PARENT / CAREGIVER DETAILS (IF DIFFERENT FROM ABOVE):

First Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Postal address: _____

Email: _____

CHILD'S DETAILS:

First Name: _____ Surname: _____

Address: _____ Ethnicity: _____

Date of birth _____ Diagnosis _____

Please describe the physical disability that relates to the diagnosis above:

Please note if this is your first application to the Wilson Home Trust, please supply a letter from a medical or health professional that can verify this diagnosis

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? Unsure 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?

- Health Professional – e.g. GP, OT, Paediatrician, etc.
- School
- Recommended by a friend or colleague
- Social Media
- Search Engine – e.g. Google Chrome, etc.
- Other – Please specify: _____

I permit The Wilson Home Trust to explore alternative funding options for this application:

Yes No

FINANCIAL NEED INFORMATION

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 0800 948 787

Income	\$ - Weekly
Salary	
Benefits / Pension	
Rental or business income	
Other income ie interest earned	
Total Income	
Spending	
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, e.g. saving to make house renovations, etc.	

INFORMATION ABOUT THIS FUNDING REQUEST

Amount requested (including GST): \$ _____

What do you need funding for? _____

Please provide information about why emergency assistance is required and any relevant information about your current financial situation: _____

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

Do you have access to the internet at home? Yes No

Do you have access to a computer/tablet at home? Yes No

MONTHLY NEWSLETTER:

I would like to receive the enews from The Wilson Home Trust: Yes No

If yes, please supply email address below:

Email address: _____

CHECKLIST - Please make sure that you have completed all of the questions.

First time applicants must include:

- Person applying for the grant must supply proof of identity – e.g. driving license or passport
- Proof of the child's / young person's diagnosis – medical certificate or letter from GP confirming diagnosis
- Please feel free to call Felicity on 09 485 3461 or 0800 948 787 to discuss this application in confidence.

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

- Please provide an updated diagnosis letter from your health professional

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