

Hydrotherapy / Water Confidence

Grant Application Form

HYDROTHERAPY

The hydrotherapy grant is to provide financial assistance for a child or young person 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 person that qualifies up to the age of 22.

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

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

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

Hydrotherapy Grant Application Form

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: _____

Describe the physical disability that relates to the diagnosis above:

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: _____

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 0800 948 787

Income	\$ - Weekly
Salary	
Benefits / Pension	
Rental or business income	
Other income i.e. 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.	

Please include any other relevant information or comments about your financial need: _____

OTHER INFORMATION:

Do you have access to the internet at home?

Yes No

Do you have access to a computer / tablet at home?

Yes No

AMOUNT REQUESTED:

Amount requested (including GST): \$ _____

HYDROTHERAPY PROVIDER:

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

Wilson Home Trust – Monthly Newsletter

I would like to receive the enews from The Wilson Home Trust:

Yes No

If yes, please supply your 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 diagnosis – medical certificate or GP letter

For child / young person 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:

- Support letter must include the contact details of the medical professional and the letterhead must include the contact details
- Quote for services that you are requesting

Supplier invoices may be checked at the company's office

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.