



The Wilson Home Trust

For Children with Physical Disabilities

www.wilsonhometruster.org.nz

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 grant is up to the value of **\$1,000** exclusive of GST (\$1,150 inclusive of GST) and may include childcare costs. You may choose your own counsellor.

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

There is a limit of two wellbeing and Counselling grants per family before the child turns 22 years.

ELIGIBILITY – YOU HAVE A CHILD OR YOUNG PERSON WHO:

- **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.

Ethnicity: We request information in the application form about the child's ethnicity because we are required to report not only on the geographical spread of beneficiaries but also to focus on Maori and Pacific communities to reduce health inequities.

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

Wellbeing and Counselling Grant Application Form

APPLICANT'S DETAILS:

DATE:

First Name: _____ **Surname:** _____

Home Phone: _____ **Mobile:** _____

Address: _____

Email: _____ **Relationship to child:** _____

CHILD'S DETAILS:

First Name: _____ **Surname:** _____

Address: _____ **Ethnicity:** _____

Date of birth: _____ **Diagnosis:** _____

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

WELLBEING AND COUNSELLING SUPPORT RECIPIENT:

First Name: _____ **Surname:** _____

Address: _____

Mobile: _____ **Relationship to Child:** _____

FUNDING 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

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 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 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.

Information about the need for this grant: _____

Please include any other relevant information or comments: _____

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

Wilson Home Trust – 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 FOR THIS APPLICATION

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

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:

- Quote for services that you are requesting

Supplier invoices maybe 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.