

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 to 22 years' old**.

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 plus GST

TO BE ELIGIBLE FOR A GRANT THE 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 aged from 17 to 22 years' old
- Live in the northern half of the North Island of New Zealand (as defined by the Trust Deed).
- The young adult 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 in order to reduce health inequities.

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

Young Adults 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 Young Adult: _____

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

First Name: _____ Surname: _____

Home Phone: _____ Mobile: _____

Postal address: _____

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 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 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 grant required for? _____

How will this grant help the young adult?

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 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

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: _____

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 young adult's diagnosis – medical certificate or letter from GP confirming diagnosis

For 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:

- Support letter which must include the contact details of the medical professional and the letterhead must include the contact details
- 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 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.