



THE WILSON HOME TRUST

# Equipment/Activities Grant Application Form

## WHAT GRANT ARE YOU APPLYING FOR?

**Equipment** for the child / young adult

**Activity** for the child / young adult

The equipment or activity grant is to support families to acquire equipment, services or offer experiences that will enhance the life of the child or young adult who has a disability. This grant is capped at **\$5,000** plus GST (\$5,750 including GST) for each child / young adult that qualifies up to their 22<sup>nd</sup> birthday. Please note that we will not accept any retrospective applications (items / services that have already been purchased and paid for).

Only one application can be made every twelve months.

## 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.

**Excluded:** items that are funded or can be 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 6 months, unless we agree there are exceptional circumstances**

## 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 the physical disability diagnosis.

Note: If the documentation that has been provided does not clearly demonstrate a physical disability, we may require a **Verification of Diagnosis form** to be completed by a health professional.

### 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:

- A copy of the parents / caregivers Community Services Card or demonstration of a financial need below the threshold – see below
- The support letter must include the contact details of the medical professional and should include reasons as to how and why the item / service will benefit the child / young adult. Click on the Eligibility Criteria link on the Grants page of the website for information regarding the support letter.
- 2 Quotes for items or services that you are requesting – Please include delivery / freight charges. If you are only able to provide one quote, please give reason for only providing one quote.

**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 need that you are applying for:**

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**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? Yes  No

If yes, please provide details of how much and when:

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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"/> Parent to Parent	<input type="checkbox"/> Community Organisation
<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:

Are you applying for funding elsewhere? Yes  No

If yes, how much are you requesting, and from whom? \_\_\_\_\_

Have you explored getting this equipment funded by the public system? –  
e.g. Accessable or Enable Yes  No

Please provide more information \_\_\_\_\_

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**What is the equipment, activity or assistance required?** \_\_\_\_\_

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How will this equipment, activity or assistance help the child / young adult / family?

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**Amount requested** (including GST): \$ \_\_\_\_\_

**FINANCIAL NEED:**

To demonstrate a financial need, parents / caregivers are required to have a Community Services Card (this does not include the child's Community Service Card)

If you do not have a Community Services Card and your household income from all sources is below the following – see chart below, your application may be considered.

Income Level	Wilson Home Trust
Family of 2	70,000
Family of 3	87,000
Family of 4	100,000
Family of 5	113,500
Family of 6	128,000
Family of 7	140,000
Family of 8	153,000

**Do you have a Community Services Card** Yes  No

If Yes, please attach to this application

If No, please supply the following information:

**Total Gross Household Income** \_\_\_\_\_

Note: this includes all sources of income e.g. Salaries, Disability Allowance, benefits etc

**Total number living in household / family** \_\_\_\_\_

## 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 send an email to [info@wilsonhometruster.org.nz](mailto: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.