



THE WILSON HOME TRUST

Grant Funding Criteria and Guidelines

The Wilson Home Trust grants scheme:

- aims to improve the lives of children and young people with physical disabilities.
- provides physically disabled children and young adults with enriching and enjoyable experiences.

Criteria for grants

Grants can be made in respect only of children and their families (“**Family**” means parents, whanau, primary care givers and/or siblings) who fit the following criteria:

- **Age:** Children / Young Adults are age 21 or under.
- **Physical disabilities** are those which **primarily impair function** of 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 Organisation: *“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.
- **Location:** They must live in the **Qualifying area**. described by the Trust Deed (See diagram)
 - for convenience only this area is described as being in the upper half of the North Island
- **Explored other funding options**

Have explored all other funding options e.g., CP Society, Lotteries Commission, Halberg Disability Sport Foundation etc., and confirm that the item cannot be funded by the government.





THE WILSON HOME TRUST

- **Financial need**

To demonstrate a financial need, the parent / caregiver is required to have a Community Services Card (this does not include the child's Community Service Card), for young adults applications we require the young adults Community Services Card.

A copy of the parents / caregiver or young adults Community Services Card must be attached to the application.

If you do not have a Community Services Card and can demonstrate that you have a financial need, and your household income from all sources is below the following (see chart below), your application may be considered:

Family Size	Income per annum
Family 2	\$70,000
Family 3	\$87,000
Family 4	\$100,000
Family 5	\$113,500
Family 6	\$128,000
Family 7	\$140,000
Family 8	\$153,000

Family size – a family includes either 1 or 2 adults and dependent children. E.G a family of 2 is made up of 1 adult and 1 dependent child, a family of 3 can be made up of either 1 adult and 2 dependent children or 2 adults and 1 dependent child.

Funding Limit: Are within the funding limit see below:

Current Grant Allocation limits (Amounts include GST)

Grant Type	Limit (including GST)	Number of Applications per Child
Equipment / Activity	\$5,750	One application per year - until the grant limit is reached
Counselling	\$690	Counselling only – one application per year - until the grant limit is reached
Holiday	\$2,300	One application per year - until the grant limit is reached
Young Adults (aged 17 – 21)	\$3,450	One application per year - until the grant limit is reached
Total	\$12,190	

Note - Only one application per category can be made every twelve months until the grant limit is reached.



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Information about the Supporting Documentation

Support Letter: Each application should include a written confirmation (please note that this must be signed, on letterhead and include contact details and no more than six months old) from a doctor or health professional such as an occupational therapist or physiotherapist that:

- **Knowledge:** They know the child/young person with a disability
- **Physical disability:** The child/young person has a physical disability, it is understood that a person can have multiple impairments, but to be eligible the child/young person has to have a physical disability rather than solely an intellectual or behavioral/cognitive disability or mental illness
- **Primary physical disability in relation to particular need:** In relation to the need which is the subject of the application for a grant (e.g. help with the purchase of a particular mobility aid) the health professional needs to confirm that because of the need described in the grant application, the child/young person's physical impairment is their primary disability in a case where the child has multiple impairments
- **Need:** There is a need as described in the application and how it will affect the child/young person's/family's life
- **Qualifying area:** The child/young person lives in the qualifying area and is therefore eligible for a grant.

First-time applicants must provide the following:

- The person applying must provide a copy of their driving license or passport as proof of their identity.
- A medical certificate that provides proof of the child / young person's diagnosis and physical disability. Note if evidence of the physical disability is not clear a **Verification of Diagnosis form** will need to be completed by a health professional – see below.

Provide two quotes: Can provide two quotes from different suppliers – please include any delivery / freight charges. If there is only one provider, please state this.

Extra Information

Timing

The outcome decisions are communicated within two months of the application (depending on receiving the correct information and the date of the Committee meeting). Applications can't be retrospective i.e., for equipment or activities that have already happened or purchased.

Young Adults Grant

If the young adult is unable to complete an application and the parent / caregiver has completed the application on their behalf, where possible we will require a statement from the young adult stating that they are in agreement with this application.



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Verification of Diagnosis

This form is to be completed by a registered health professional

Date: _____

Child / Young Adults Name: _____

Date of Birth: _____

What disability does the child / young person have? _____

Will this disability change over time?

Yes / No

If Yes please provide more details:

In your opinion, how far can the child / young adult walk, with or without aids?

- Cannot get out of the house
- Can only reach the letterbox
- Up to 100 metres
- Up to 500 metres
- Fully mobile

Does the child /young adult have limitations on their hand/upper limb function that significantly affect activities of daily living that would otherwise normally be expected for their age and development? Yes / No

Please provide detail _____

How does their disability impact on their ability to participate on everyday activities including their movement of limbs and body:

Health Professional Details

Name:

Occupation

Email address:

Postal Address:

Phone Number:

Signature: