



THE WILSON HOME TRUST

# Young Adults Grant Application Form

## ABOUT THE GRANT

This category is available for 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 up to the age of 22**.

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 up to \$3,000 excluding GST (\$3,450.00 including GST). Please note that we will not accept any retrospective applications (items / services that have already been purchased and paid for).

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.

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 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., Accessable 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***

# 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 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 young adult's community service card
- 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 young adult. Click on the Eligibility Criteria link on the Grants page of the website for more information regarding the support letter.
- 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 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 Young Adult:** \_\_\_\_\_

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

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**If this application is not completed by the young adult, where possible please provide a statement from the young adult confirming that they are in agreement with this application:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YOUNG ADULT'S INFORMATION

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Describe the physical disability that relates to the need that you are applying for:**

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### FURTHER DETAILS:

Is the young adult a New Zealand Citizen or Permanent Resident?      Yes  No

Has the young adult received funding from 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:

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

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

\_\_\_\_\_

Are you applying for funding elsewhere? Yes  No

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**FINANCIAL NEED:**

To demonstrate a financial need, the young adult is required to have a Community Services Card.

Please attach a copy of your Community Services Card.

# 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 email [info@wilsonhometrust.org.nz](mailto:info@wilsonhometrust.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.