



THE WILSON HOME TRUST

Counselling Grant

ABOUT THE GRANT

The 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 maximum grant amount per application is **\$600.00** exclusive of GST (\$690.00 inclusive of GST) You may choose your own counsellor.

Please note that we will not accept any retrospective applications (services that have already been paid for).

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.

CHECKLIST

All 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 diagnosis

Note: If the documentation that has been provided does not clearly demonstrate a physical disability, we may require you to complete a **Verification of Diagnosis form** 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:

- Quote for services that you are requesting

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 diagnosis above:

COUNSELLING SUPPORT RECIPIENT:

First Name: _____ **Surname:** _____

Mobile: _____

Relationship to child / young adult: _____

FURTHER DETAILS:

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

Has the child/young adult received funding from Wilson Home Trust before? 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
☐ Parent to Parent	☐ Community Organisation
☐ Recommended by a friend or colleague.	☐ Social Media
☐ Search Engine – e.g., Google Chrome, etc.	☐ Other – please specify:

Counselling Details (Provider and cost): _____

Total amount requested (Counselling costs incl GST): \$ _____

Information about the need for this grant: _____

FINANCIAL NEED:

To demonstrate a financial need, 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	85,000
Family of 3	105,000
Family of 4	120,000
Family of 5	135,000
Family of 6	150,000
Family of 7	165,000
Family of 8	180,000

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 email 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.