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 **$6,000** plus GST ($6,900 including GST) for each child / young adult that qualifies up to their 17th 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 17 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

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 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:

- 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:

_____

_____

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:

_____

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:

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_____

_____

What is the equipment, activity or assistance required? _____

_____

_____

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

_____

_____

_____

Amount requested (including GST)**:** $_____

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 send an email to 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.