THE WILSON HOME TRUST

Family Holiday Grant Application Form

ABOUT THE GRANT

The purpose of the holiday grant is to support a family who is in significant need of time out and pay for accommodation and related costs up to the maximum amount is **$2,000** exclusive of GST ($2,300 inclusive of GST) in total per family before the child turns 22 years. Please note that we will not accept any retrospective applications i.e., for holidays / day trips that have already been taken.

Only submit for the amount of the holiday, note that we do not accept grants for the full amount ($2,300) unless it is accompanied with a quote for the accommodation or travel Day trips to attractions throughout New Zealand are included as part of our holiday grant fund.

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.
- The planned holiday is at least 20 working days from the date of the application.

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 a health professional confirming 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

Please note:

- If applying for $2,300, provide a quote for the holiday
- Once the Holiday Grant has been approved, receipts up to $2,000.00 excluding GST ($2,300.00 inclusive of GST) for accommodation and travel can be sent by email to info@wilsonhometrust.org.nz for reimbursement or alternatively, Wilson Home Trust can make payment directly to the accommodation provider.

APPLICANT'S DETAILS: (PERSON COMPLETING FORM) DATE:

First Name: _____ **Surname:** _____

Home Phone: _____ **Mobile:** _____

Postal address: _____

_____ **Postcode:** _____

Email: _____ **Relationship to child:** _____

PARENT / CAREGIVER DETAILS

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:

_____

_____

REQUESTED DATES FOR HOLIDAY:

From: _____ **To:** _____

Number of nights: _____ **Preferred location:** _____

Accommodation Cost: _____ **Other costs e.g., travel costs:** _____

Amount requested (including GST): _____

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:

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 _____

Bank Account Details

Bank Account Name: _____

Bank Account Number: _____

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.