

Respite Grant Application Form

ABOUT THE GRANT

The purpose of the respite grant is to support a family member who is in significant need of time out and pay for respite accommodation (This needs to be a registered respite provider that can supply a gst invoice) for the child up to the amount of **\$1,500** exclusive of GST (\$1,725 inclusive of GST).

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 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:

- The respite accommodation / provider must be registered and provide a gst invoice

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 RESPITE

From: _____ **To:** _____

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

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 _____

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.