



**NGĀI
TUKAIRANGI**
TRUST

KAUMATUA (60+) HEALTH GRANT APPLICATION FORM 2023

Purpose

The fund shall be made available directly through the Grants & Distributions Committee who will determine the category and subsidy rate of the individual health need which could range from disability aid and equipment, parking permit cards, non-subsidized prescription(s), consultation fees, foot care, eye, ear and dental treatment, travel assistance to and from medical appointment(s), healthy homes installation and mammograms.

- A shareholder of Ngāi Tukairangi Trust 60 years of age or above is eligible to apply.
- One application per Whanau Trust annually will be accepted. Please provide evidence to verify you are a beneficial owner of the Whanau Trust i.e., succession order.

Applicant: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: _____

SECTION 1 - Shareholder/owner/Whānau Trust endorsement:

(This section must be endorsed by a trustee of the Whanau Trust)

- | | | |
|---|---|----------------|
| 1. I am a shareholder/owner | Y | N (circle one) |
| 2. I am a beneficiary to the Whanau Trust | Y | N (circle one) |
| 3. Is the Whānau Trust aware of this application? | Y | N (circle one) |

Whānau Trust Name: _____

I, _____ (trustee) endorse and support this application on

behalf of _____ (Applicant; as above)

Shareholder no.: _____

Signature: _____ Date: _____

SECTION 2 – Reason for application

Why are you applying? _____

SECTION 3 - Information to be provided.

- Proof of age
- Attach copies of receipts, quotes and/or invoices.
- Bank verification: Bank account provided must be the supplier or medical specialists account and not a personal account unless payment had been made directly to the supplier or medical specialists, therefore the committee may consider a reimbursement based on receipt(s) provided. NB. Receipts older than 6months from the date of this application will not be reimbursed.
- Whānau Trust trustee endorsed the application.

All applications are processed by the Ngāi Tukairangi Trust Grants & Distributions sub-committee. The sub-committee has the discretion to decline an application that does not fit the criteria or required documentation not provided.

Applications and supporting documents to be sent to:

Ngāi Tukairangi Trust
PO Box 10032
Mt Maunganui
P: 07-578-6683
F: 07-578-6683
grants@Ngaituk.co.nz
Secretary