

# KAUMĀTUA MEDICAL GRANT



East Taupo Lands

## 1. TERMS AND CONDITIONS

SHN: (office use only)

1. East Taupō Lands Trust Charitable Trust Kaumātua Medical Grant is available to owners age 65 years and over who reside in New Zealand. It has been established to support owners through the subsidisation of medical treatments:
  - Glasses
  - Hearing aids
  - Dental costs
  - Specialist medical costs
  - Other special health related needs, including transport costs when substantial.
2. Applicants must be an owner in at least one of the following East Taupō Lands Trust blocks:
  - Kaimanawa 1F, 2B
  - Tapapa 3A, 3B1, 3B2
  - Wharetoto 1, 2A, 2B, 3, 11
  - Runanga 2C2A, 2C3B1, 2C3B2B, 2C3C, 2A, 2B, 2C1A, 2C1B, 2C1C, 2C1DYour name as an owner must be shown on the application, as is on the Māori land ownership list ([www.maorilandonline.govt.nz](http://www.maorilandonline.govt.nz)).
3. First time applicants will need to provide a copy of the land ownership list ([www.maorilandonline.govt.nz](http://www.maorilandonline.govt.nz)).
4. First time applicants must provide a copy of one of the following: Birth Certificate, Passport, New Zealand Driver Licence, New Zealand Firearms Licence.
5. The grant will be made subject to the availability of funds at a maximum of up to \$500 per applicant, per year. Grants will take into account any contribution towards the costs received from WINZ or other trusts. In the event of applications exceeding the availability of funds, priority will be given to owners who have not previously received any benefit from the Trust.
6. Only one application can be made per calendar year.
7. Applications will be considered throughout the year.
8. Grant applications will be considered at the monthly East Taupō Lands Trust Charitable Trust meeting. Approved applications will be processed at the end of that month.
9. Successful applicants will receive payment via one of the following:
  - Direct payment to supplier for services. Quote (dated within three months) and bank details are required.
  - Reimbursement to applicant. Receipt of payment must be provided and dated within one year of service. A verified copy of the applicant's bank account is required.
10. East Taupō Lands Trust Charitable Trust has the sole discretion to accept OR decline any application that does not meet the criteria.

## 2. PERSONAL DETAILS

Owner / applicants full name:

Name as per ownership list (if different to above):

How are you applying for this grant? *(Tick one)*

As an owner

As an owner under a Whānau Trust

Name of Whānau Trust:

*First time applicants please also complete Section 5 of this form.*

Date of birth::

Email:

Full postal address:

Home phone:

Mobile phone:

Name of health provider:

Type of health service:

Cost:

PLEASE TURN OVER

### 3. GRANT PAYMENT TYPE

Please tick one method of payment:

- |  |  |
|--|--|
| <input type="checkbox"/> Payment to provider:<br><i>Please provide quote and verified copy of bank account</i> | <input type="checkbox"/> Reimbursement to applicant:<br><i>Please provide paid receipt and verified copy of bank account</i> |
|--|--|

Has WINZ or any other trust paid or contributed to this costs? *(Please tick)* Yes / No

If yes, please list entity and amount received:

### 4. WHĀNAU TRUST DETAILS

This section is only for applicants applying for the FIRST TIME under a Whānau Trust.

Whānau Trust name:

Whānau Trust (secretary / trustee) name:

Whānau Trust (secretary / trustee) address:

Whānau Trust (secretary / trustee) phone:

Whānau Trust (secretary / trustee) email:

### 5. DECLARATION

- I declare that the information provided in this application is true and correct and if the application is successful, I will comply with the terms and conditions of this grant.
- I have read and understood all of the conditions and obligations as outlined in this application.
- I understand that my name may be published for publicity or reporting purposes.

Full name of applicant:

Signature (\*or typed signature) of applicant:

*\*By typing your name you are electronically signing this application and must be the person stated above.*

Date:

### 6. CHECKLIST

- ✓ Application completed in full and declaration signed.
- ✓ A quote (for direct payment) OR paid receipt (for reimbursement) PLUS copy of verified bank account
- ✓ For first time applicants:
  - Copy of ID (date of birth)
  - Proof of ownership details (Māori Land Court)
  - Whānau Trust details (Section 4) if applying through a Whānau Trust

### WHAT HAPPENS TO YOUR APPLICATION?

- IF APPROVED you will be notified by phone or in writing and money will be paid into the nominated account.
- IF DECLINED you will be notified in writing.
- IF INCOMPLETE: Your application will not be considered and you will be notified by phone or in writing.



Please return completed application to Trust Office - 88 Kaimanawa Street, Taupō 3330  
Phone: +64 7 378 5180 | Email: [grants@easttaupolands.co.nz](mailto:grants@easttaupolands.co.nz) | [www.easttaupolands.co.nz](http://www.easttaupolands.co.nz)  
*It is not the responsibility of the Trust / Trust Office if applications are lost in the post.*