

All registered members can apply for grants, and check progress and balances online.  
For queries, please email grants@tpow.co.nz or contact our office on 07 378 5180.

MEMBER ID

# TAMARIKI HEALTH CARE GRANT



## TERMS AND CONDITIONS

1. The Te Pae o Waimihia Tamariki Health Care Grant has been established to support Te Pae o Waimihia tamariki through the subsidisation of health care expenses.
2. The 'applicant' must be a listed child (between the age of 0-17 years) of a registered member in the Te Pae o Waimihia database, with verified whakapapa to at least one of the following hapū:
  - Ngāti Rauhoto
  - Ngāti Te Urunga
  - Ngāti Hineure
  - Ngāti Hinerau
  - Ngāti Tutetawha
  - Ngāti Tutemohuta
3. The Tamariki Health Care Grant will contribute \$250 towards the following treatments:
  - Vision (including eye exams and glasses)
  - Hearing (including hearing tests and hearing aids)
4. Applications for cosmetic treatment and surgeries will NOT be considered.
5. The applicant must reside in New Zealand, and treatment must be through a registered New Zealand provider.
6. Vision and hearing claims can be paid directly to the medical provider OR by reimbursement to the applicant.
7. For grants paid directly to the medical provider, an invoice or quote along with the medical provider's verified bank account number is required.
8. For grants paid by reimbursement, a receipt of payment along with the applicant's verified bank account number is required.
9. Grant applications will be processed every month from February to November. Successful applications received by the 10th of the processing month will receive payment at the end of that month.
10. Applicants can submit multiple Health Care Grant applications per calendar year, until the maximum grant limit (\$250) is reached.
11. The grant calendar year runs from 1st January 2024 until 31st December 2024.

## PERSONAL DETAILS

Applicants full name	
Date of birth	Email
Full postal address	
Home phone	Mobile phone

## TREATMENT DETAILS

Description of treatment	
Treatment provider	Phone number
Address	
Description of treatment	
Treatment provider	Phone number
Address	

Please attach treatment quote / invoice / paid receipt.

PLEASE TURN OVER

## PAYMENT DETAILS

TREATMENT / PROVIDER	PAYMENT TYPE <i>Reimbursement / Provider</i>	ITEM COST	AMOUNT SOUGHT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL			\$

Total 'amount sought' cannot exceed \$250 (refer to Terms and Conditions 3).  
Attach all verified documentation (refer to Terms and Conditions 7 and 8).

## DECLARATION

- I declare that the information provided in this application is true and correct.
- I have read and agree to all Terms and Conditions of this grant.
- Pursuant to the Privacy Act 1993, I give consent for Te Pae o Waimihia to share my contact information with associated trusts managed by He Akina Ltd (Trust Office) for the purpose of updating information (including but not limited to: maintaining whakapapa records, iwi register, contact databases).
- I understand that my name may be published for publicity or reporting purposes.

This declaration must be signed by a parent or guardian of the applicant.

Full name of parent / guardian:

Relationship to applicant:

Signature (\*or typed signature) of guardian of applicant:

Date

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

## CHECKLIST

- Applicant is a listed tamariki of a Te Pae o Waimihia registered member
- The application is completed in full and declaration signed
- For payment to the provider, you have attached:
  - A copy of the treatment quote / invoice
  - Provider's verified bank account details
- For payment by reimbursement, you have attached:
  - A copy of the paid receipt
  - Your verified bank account details

## WHAT HAPPENS TO YOUR APPLICATION?

IF APPROVED: You will be notified in writing and money will be paid into the nominated bank account.

IF DECLINED: You will be notified in writing.

IF INCOMPLETE: Your application will not be considered and you will be notified in writing.

*It is not the responsibility of the Trust / Trust Office if applications are lost in the post.*

### OFFICE USE ONLY

Date received:

Member ID: Y / N

Application complete: Y / N

THCG0324v1.0

Date approved:

Authority:

Please return completed application to He Akina (Trust Office)

Email: grants@tpow.co.nz | Phone: +64 7 378 5180

Address: 88 Kaimanawa Street, Taupō 3330 | www.tepaeowaimihia.co.nz