

Te Whakakitenga o Waikato Incorporated (“we” or “us”)

KAUMAATUA MEDICAL GRANT

The Kaumaatua Medical Grant is available to tribal members aged 60 years and over to provide relief and support in meeting aged-related medical costs. Examples of these costs include family GP consultations, pharmacy prescriptions, dental, optometry, and audiology. The additional criteria is as follows.

- You must be registered on the Waikato-Tainui tribal register.
- The maximum grant amount available is \$500 (including GST) in any 12-month period.
- An application form must be fully and correctly completed, signed, and submitted to us for the grant to be considered.
- Only one grant is available per individual in any 12-month period.
- If approved, grants will be paid into the applicant’s nominated bank account on or around the 20th of the following month. Grant consideration occurs on a monthly basis.
- Successful grant recipients can re-apply for another grant after 12 months.
- The grant may be used only for aged-related medical purposes.
- Sole discretion to accept or decline a grant that does not meet criteria rests with us. Decisions are final and no correspondence will be entered into.

Applicants Full Name	
Tribal Registry No.	
Date of Birth	
Full Postal Address	
Phone Number/s	HOME MOBILE OTHER
Email Address	
Marae	
Hapuu	
Bank Details <i>Please attach a verified deposit slip for this bank account.</i>	Name of Bank: _____ Account Holder: _____ Account Number: ____ - _____ - _____



AGED RELATED HEALTH ISSUES Please outline below the types of aged medical relief you require, and will use your medical grant for

PRIVACY STATEMENT

Your personal information is being collected so that we can consider your application, check it against the criteria, operate and administer the Kaumaatua Medical Grant programme, and for the other purposes set out in this application form.

Please fill in **ALL** areas of this application form. If you do not provide the personal information as and when requested, we may not be able to consider your application and/or award you a medical grant. In agreeing to the terms and conditions on this application form and submitting it to us, you authorise the release of, and use of, your personal information to and by our kaimahi for all the purposes set out in this application form. Your personal information and grant details may also be used and published by us for publicity and promotional purposes and successful applicants may also be contacted for evaluation and review.

Your personal information will be collected and held by Te Whakakitenga o Waikato Incorporated, 6 Bryce Street, Hamilton in accordance with the Privacy Act 1993. If you wish to gain access to or request correction of your personal information please contact our privacy officer via email at privacy@tainui.co.nz or at our offices at 2-4 Bryce Street, Hamilton.

DECLARATION

I declare that I am in need of financial assistance to alleviate aged related health issues, and will apply the grant to such purposes. I declare that the information given in this application is true and correct, and if my application is successful, I will comply with all the terms and conditions of the grant.

Name of Applicant: _____

Signed by the Applicant: _____ Date: _____

CHECKLIST Please ensure you have completed the following

- All details are completed
- A verified deposit slip is attached
- Declaration is signed

Please forward your application to the following by 5pm on the last day of the month.

Post: Waikato-Tainui
Ngaa Taonga Tuku Iho
PO Box 648, HAMILTON 3240
Email: scholarships.grants@tainui.co.nz
Online: www.waikatotainui.com

OFFICE USE ONLY

Date Received _____ Tribal Registry No. _____

Previous Grant Awarded Yes/No Mth/Yr _____

Health Issue (Primary) _____

Committee Approval Date _____