

KAUMAATUA MEDICAL GRANT

Waikato-Tainui tribal members 60 years and over are eligible for a Kaumaatua Medical Grant every year. Designed to provide relief and support in meeting age-related medical costs, the Kaumaatua Medical Health Grant is available to registered tribal members aged 60 years and over. Examples of these costs include family GP consultations, pharmacy prescriptions, dental, optometry, and audiology.

The additional criteria are as follows:

- You must be registered on the Waikato-Tainui tribal register.
- The maximum grant amount available is \$1,000 in any financial year period (1st April - 31st March).
- An application form must be fully completed, signed, and submitted with required documentation (including identification) for the grant to be considered.
- Only one grant is available per individual in any financial year period.
- If approved, grants will be paid into the applicant’s nominated bank account. Grant consideration occurs monthly.
- Successful grant recipients can re-apply for another grant after the next financial year.
- 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.

<p>OFFICE USE ONLY</p> <p>Date Received _____</p> <p>Tribal Registry No. _____</p> <p>ID Attached: Yes/No/On File</p> <p>Follow Ups:</p> <p>_____</p>
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Applicants Full Name		
Tribal Registry No.		
Date of Birth		
Full Postal Address		
Phone Number/s	HOME	MOBILE
Email Address		
Marae		
Hapuu		



AGED RELATED HEALTH ISSUES

Our partnership agreements with **TRITON HEARING** and **OPSM**, will enable our Kaumaatua to access support in the form of hearing aids or prescription glasses if initial testing determines this need.

In order to complete this, please select one of the below options to indicate your choice of assistance. Our Grants Team at Waikato-Tainui will touch base with you to confirm best location for appointment and any other remaining details. The team will connect with Triton or OPSM via phone or email to provide pre-approval information. Once confirmed, you will be able to go into the store to access this treatment.

***NOTE: We do not require a bank slip if you choose to be supported by Triton or OPSM.**

Hearing Support

As a part of our partnership with Triton hearing, Kaumaatua are able to receive a free initial hearing assessment and if required can be fitted with appropriate hearing aids.

TRITON
HEARING

Please tick box to indicate you would like **hearing support from Triton Hearing**.

Vision Support

As a part of our partnership with OPSM, Kaumaatua are able to access eyesight services by completing an initial eyesight assessment and if required, prescription glasses can be fitted.

OPSM 

Please tick box to indicate you would like **vision support from OPSM**.

Alternative Support

If you require other services, please outline below the types of aged medical relief you require, and will use your medical grant for:

***NOTE: We will require a personal confirmation of bank details for this service.**

Examples of alternative support: GP visits, pharmacy prescriptions, dental etc...



PRIVACY STATEMENT

Your personal information is being collected so that we can consider your application, check it against the criteria, operate and administer the Kaumatua 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 2020. 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.
- Confirmation of your account details is attached. This may be a verified account printout from your bank including a bank statement, internet banking printout, validated bank slip, etc. ***We only need confirmation of account details if you do not require support from either TRITON HEARING or OPSM.**
- A copy of your identification is attached or already filed at Tribal registry.
- 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: aawhina@tainui.co.nz

Online: www.waikatotainui.com

